COVID-19 Individual Risk Assessment guidance

This guidance has been updated to reflect changes to government guidance as part of the national response to the coronavirus pandemic. Changes are highlighted.

Please see the latest government guidance on Covid-19 including[**information on protecting people more at risk**](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/cev-from-2-dec).

The council’s [COVID-19 Individual Risk Assessment](https://new.brighton-hove.gov.uk/coronavirus-covid-19-information-staff/risk-assessments) has been developed to support staff identified as having factors that may make them more vulnerable; those who live with someone who is more vulnerable and all other staff that are concerned about returning to work/ the workplace.

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:

* age
* described at birth as male
* whether they are from a Black and Minority Ethnic (BME) background.
* Jewish People: *There is ongoing research into the relationship between religious affiliation and the impact of Covid in these groups.* [*Researchers have found*](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7789199/pdf/jech-2020-215694.pdf) *that people that identify with major religious groups experience a higher risk of mortality when adjusted for age than those of no religion and considers the factors that may play a significant role in explaining the relationship.  Taking these factors into account the researchers noted there remained an unexplained residual increase in risk for Jews, particularly in men and the reasons for this are still being explored. However, most of these factors, when applied to the Jewish community, appear to be based on those living in large tight-knit family groups in the ultra-Orthodox communities in London and Manchester. The regular daily communal prayer services, attended only by men, may also contribute to the spread of Covid in these communities and the higher male mortality rate. Jewish community representatives have advised BHCC that the Jewish community in Brighton and Hove is not an ultra-Orthodox one, has a high vaccination uptake level and over the last 18 months did not show a higher than average mortality rate and there appears to be no increased Covid risk within the local community*

The key risk factors for everyone remains their age and health condition (particularly those described as Clinically Extremely Vulnerable) which is why these groups are the national priority groups for vaccination.

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 from periods of isolation and lockdown 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 (e.g. because they have previously declared a health condition) but to offer to complete the assessment with all members of staff within their team/ service.

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 Individual Risk Assessment is approached in a kind, respectful, supportive and reassuring way. Each party needs to understand the process, 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 for the Risk Assessment (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 11)
* **Appendix 1:** Description of risk groups (page 13).
* **Appendix 2:** **Further Guidance** Links to external websites providing further information (page 14)

The Individual Risk Assessment template and this supporting guidance will be reviewed regularly to reflect the most 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 who is working during the COVID-19 pandemic who is defined as ‘clinically vulnerable’ or ‘clinically extremely vulnerable’ (CEV) (see appendix 1 for 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 ‘clinically vulnerable’ or ‘clinically extremely vulnerable’ (CEV)
* used in any other circumstances where an Individual Risk Assessment is required to consider particular individual issues or circumstances related to COVID-19

Reassuring Staff and Confidentiality

Staff should be encouraged to share personal factors that are 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 a concern that is 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 people 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, for example if there are any work tasks they are prohibited from doing. Where this is the case it must be discussed and agreed between the line manager and employee what will be shared and how 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 to enable them to discuss and agree the necessary control measures with them.

For support in completing the assessment, contact the Attendance and Wellbeing Team ([HRAttendance@brighton-hove.gov.uk](mailto:HRAttendance@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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STEP 1 – Identify the hazards | STEP 2 – Who might be harmed and how? | STEP 3 – Evaluate the risks | STEP 4 – Record your findings | STEP 5 – Regular review of risk assessment |

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 (e.g. bed linen), areas where the exposure to COVID-19 is comparatively less well controlled, e.g. home visits, shared closed space like vehicles (e.g. Cityclean refuse crew, CityParks gardening teams etc).

**Delegation:** the line manager can delegate the Risk Assessment to another person who is competent (e.g. has undertaken the councils 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 will need to be set up to complete the Risk Assessment jointly and ensure you have adequate time to allow 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 what issues they would like to discuss and where their personal risk might be.

Consider anyone that does not have access to email and how you can best complete the assessment – wherever possible it should be completed as part of a conversation rather than through email alone.

Section 2 below provides guidance on how to have the conversation in a supportive way and employees may wish to have a colleague, Staff 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 they will 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 that is clinically vulnerable, 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 that are 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.

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 that are providing an unpaid caring role.

As many of our staff may be unpaid carers, the Risk Assessment should consider not only whether there is a health risk of these staff contracting COVID-19 but what the wider impact on them of COVID-19 is 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 be clinically vulnerable 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 has indicated may cause higher vulnerability to COVID-19 and 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 the support needed.

The more factors identified the greater 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 mangers must not use their own personal judgement/ perception to complete any of the personal factors.**

**Precautionary Approach after National Restriction Lifting**

The council are taking a precautionary approach to the national lifting of covid restrictions whereby:

* The COVID-19 Risk Assessment for Services’/ ‘School COVID-19 Re-opening Risk Assessment’ templates have been replaced by more general risk assessment templates ‘Respiratory Infections including Covid 19 Risk Assessment templates for Services/Schools.’ These follow the most recent government guidance and services should review their own risk assessments accordingly. Some arrangements, such as those for hygiene, cleaning regimes and ventilation have continued as per government recommendations.
* Since September 2021, there has been a phased reopening of offices and introduction of hybrid ways of working. However, as there have continued to be high numbers of Covid cases, both locally and nationally, in some services, some staff have continued to work mainly from home, where service needs have allowed this

This approach will be kept under review in accordance with the local Public Health Guidance, infection rates and changes to national guidance

**Priority Groups for Vaccination and Clinically Extremely Vulnerable (CEV) / ‘Shielding’ Staff**

The shielding programme has ended in England. The government advises that most people who were identified as CEV are now well protected after receiving their primary and booster vaccination doses and that most people who were CEV are no longer at substantially greater risk than the general population, and are advised to follow the same guidance as everyone else on staying safe and preventing the spread of coronavirus, as well as any further advice they may have received from your doctor.

There remains a smaller number of people who, despite vaccination, are at higher risk of serious illness from COVID-19. This is due to a weakened immune system or specific other medical conditions and requires enhanced protections such as those offered by antibody and antiviral treatments, additional vaccinations and potentially other non-clinical interventions. There is specific [guidance for people whose immune system means they are at higher risk](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk). In addition to ensuring they have had all of the vaccines they are eligible to receive and continuing to follow any condition-specific advice they may have been given by their specialist, the guidance advises the following:

* Avoid meeting with someone who has tested positive for COVID-19 (and anyone in their household) until 10 days after they received a positive test. Try to avoid people who have symptoms of COVID-19 or other respiratory infections and have a temperature or feel unwell
* If it feels right for you, work from home if you can. If you cannot work from home, speak to your employer about what arrangements they can make to reduce your risk
* When out and about, keep social distancing if that feels right for you, and consider reducing the time you spend in enclosed crowded spaces
* Consider continuing to wear a face covering in crowded public spaces. Although face coverings are primarily worn to protect others, because they cover the nose and mouth, which are the main sources of emission of the virus that causes COVID-19 infection, they can also provide some limited protection to the wearer.

These suggestions are set out in the guidance as individual choices rather than those that an employer might put in place in a workplace context, however services should consider as part of this assessment what precautions can also be followed while at work to ensure that CV and CEV staff feel confident to return safely to their workplace

Where service needs allow, Clinically Vulnerable staff and Clinically Extremely Vulnerable (CEV) staff should continue to be given the option to work from home. However, where this is not possible these staff can attend a COVID Secure workplace. COVID Secure guidance must be strictly adhered to and a Respiratory Infections Including Covid 19 risk assessment must have been completed to cover the workplace/ work activities that relate to them.

It is important that the Individual Risk Assessment for these staff is reviewed prior to their return to the workplace, as restrictions become lifted and regularly on an ongoing basis such as during 121s to ensure that measures are in place and remain appropriate and sufficient. This should also be reviewed in the light of any other environmental changes that may impact them, for example changed advice from their health professional, Government or Public Health advice.

**Staff Returning to Work After Lockdowns/ Shielding and Lifting of National Restrictions**

It is good practice to start to plan for the member of staff returning to work/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 must be supportive and open and recognise the anxiety and apprehension that people may have to help the staff member feel able to share their concerns and any anxieties about returning.

When discussing the potential return to work, in addition to identifying the appropriate control measures to be put in place, there should also be a discussion to agree what supportive measures may be needed to facilitate a successful return given the length of time these staff may have been absent, the anxiety that may exist and the potentially changed working environment people will be returning to. Measures to consider should include:

• a planned induction to support the return to work including agreement on any training required and briefing on new procedures or protocols, particularly those related to health and safety and Covid 19 related measures.

• offering tours of the workplace in advance of a return to enable people to familiarise themselves with any changes to the working environment or ways of working

• a short phased return or trial sessions to enable familiarisation with the working environment or ways of working.

A carefully planned return with additional support in the early stages of a return may be critical in ensuring a successful return to work and providing reassurance to staff who are anxious.

**Vaccinated Staff**

A number of staff including the vast majority of CEV staff are likely to have received both Covid 19 vaccination injections and a booster injection, however even when three doses have been administered this does not completely remove all risk and proportionate measures around hygiene, cleaning and ventilation **need to be maintained**.

People who are severely immune-suppressed who have completed their primary course (3 doses) of COVID-19 vaccine will be due a booster (as a fourth dose) at least 3 months after administration of their third primary dose.

Severe immunosuppression includes people who had or may recently have had:

* a blood cancer (such as leukaemia or lymphoma)
* a weakened immune system due to a treatment (such as steroid medicine, biological therapy (sometimes called immunotherapy), chemotherapy or radiotherapy
* an organ or bone marrow transplant
* a condition that means they have a very high risk of getting infections
* a condition or treatment their specialist advises makes them eligible for a third dose

People with immunosuppression are eligible for a spring booster dose around 6 months (and at least 3 months) after their last vaccine dose.

The vaccination will provide some confidence for CEV staff but the level of anxiety these staff may feel should not be underestimated and so a careful and supportive approach is required when discussing a return to work. This is more likely the longer that someone has been out of the workplace. Managers are advised to consider and discuss with staff measures that will facilitate confidence and a successful return to work.

Part 3: Workplace Factors

The Respiratory Infections Including Covid 19 risk assessment templates identify the general hazards and control measures in place for your team/ service/ school and need to be used to help inform the individual risk assessment.

Using either the ‘Respiratory Infections Including Covid 19’ risk assessment or the equivalent Schools risk assessment template, 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 linked or have been raised.

The ‘Respiratory Infections Including Covid 19’ risk assessment and the equivalent Schools risk assessment outline the general risks to all staff. Do not repeat or ‘cut and paste’ all hazards across to the Individual 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.

**Use of Face Coverings by Staff**

There is no legal requirement to wear face coverings in non-clinical settings, however the government recommends that they are worn in the following situations (unless exempt):

* If Covid 19 rates are high and staff will be in close contact with other people, such as in crowded and enclosed spaces
* When there are a lot of respiratory viruses circulating, such as in winter, and staff will be in close contact with other people in crowded and enclosed spaces
* If in close contact with someone at higher risk of becoming seriously unwell from Covid 19 or other respiratory infections

Some staff may also still wish to wear face coverings at other times, and this request should be supported by line managers. Managers must support their staff in using face coverings safely. Face coverings should be appropriate for the workplace in terms of fabric design and not include logos/ slogans etc.

Part 4: Control measures

The following general control measures should be considered in conversation with the member of staff:

|  |  |
| --- | --- |
| **For all staff** | **For frontline care staff** |
| Advised to work from home where possible and service needs allow | Strictly follow infection control measures as per training |
| Increased cleaning at work site | If the individual receiving care and support has symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures |
| Follow [Public Health guidance on PPE](https://new.brighton-hove.gov.uk/coronavirus-covid-19/personal-protective-equipment-ppe) and the councils BHCC PPE management process to ensure required PPE is identified and communicated to staff | Follow [Public Health guidance on PPE](https://new.brighton-hove.gov.uk/coronavirus-covid-19/personal-protective-equipment-ppe) and the councils BHCC PPE management process to ensure required PPE is identified and communicated to staff |
| Follow physical distancing guidance | Following [government advice on managing COVID-19 in healthcare and care settings](https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance) |
| Follow handwashing and respiratory hygiene |  |
| Consider ventilation within the workplace/ setting. There is [HSE guidance here](https://www.hse.gov.uk/ventilation/index.htm) |  |

Table of Control measures

The ‘Respiratory Infections Including Covid 19’ risk assessment and the equivalent Schools risk assessment identify the control measures in place for all staff. The purpose of the individual staff risk assessment is to identify and discuss any additional control measures needed for the staff member.

Start by discussing the control measures that are 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&D). 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.

TP Health (previously called ‘Team Prevent’) can assist with Occupational Health advice and ‘Fitness to Work’ checks in relation to a declared or known health condition. Guidance on the service provided and access to the Online Portal is available on the [Occupational Health pages on the Wave](http://wave.brighton-hove.gov.uk/supportingyou/HR/OccupationalHealth/Pages/OccupationalHealth.aspx).

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 and involving 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. Managers must ensure that they make staff aware that if agreement cannot be reached they have the right to raise a formal grievance to have their concerns considered formally.

**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.

Managers are also asked to report concerns as an H&S incident using the usual [reporting method](https://incidentreporting.brighton-hove.gov.uk/) 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 changes to organisational approach to Covid-19 that might be needed.

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](mailto:HealthAndSafety@brighton-hove.gov.uk) or telephoning your [H&S contact](http://wave.brighton-hove.gov.uk/LGCSDocumentLibrary/Health%20and%20safety/HS%20Contact%20List%20March%202020.docx). You can also contact your local trade union representative or HR advisor to discuss matters as appropriate.

Section 2: Supporting conversations about Risk Assessment within your diverse team of staff

It 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 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 maybe explore what the best way is to check in, as this is likely to be different for those working from home, on/off site, phone or skype.
2. Ensure your staff know you are approachable on this subject, 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 a further 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, home working can feel isolating to some.
6. Ask questions, be curious and if you don’t know the answer, be honest.
7. Show understanding as their concerns are real, validate their concerns and show compassion, try to remain positive and solution 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 are 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](mailto:HRAttendance@brighton-hove.gov.uk)
* Health & Safety Team: [health&safety@brighton-hove.gov.uk](mailto: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](https://learning.brighton-hove.gov.uk/cpd/portal.asp).

Wellbeing support

There are various resources available on the [Wellbeing Zone on the council website](https://new.brighton-hove.gov.uk/supporting-your-wellbeing), including:

* looking after your mental health
* financial Wellbeing
* sleep Advice
* eating well and keeping active
* quit smoking and help with drug and alcohol use
* relationship support advice for parents
* advice for pregnant woman and new mums
* advice for carers
* domestic violence and abuse
* support for those affected by bereavement
* suicide prevention.

Appendix 1: Description of risk groups

People in the higher risk categories from coronavirus listed below (1 and 2), are likely to be more susceptible to developing more serious symptoms of COVID-19, which is potentially life-threatening. Further information on these groups can be found on the [NHS people at higher risk](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/).

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).

Any necessary measures and reasonable adjustments (where required) must be implemented to support the member of staff.

1. Priority Groups for Vaccination:

* Individuals with significant health conditions such as chronic (long-term) respiratory diseases that are severe, e.g. asthma that requires an inhaler; chronic obstructive pulmonary disease (COPD), emphysema or bronchitis)
* Individuals with significant health conditions that mean they have a high risk of getting infections
* Individuals with significant health conditions such as chronic heart disease, e.g. heart failure
* Individuals with significant health conditions such as chronic kidney disease
* Individuals with significant health conditions such as chronic liver disease, e.g. hepatitis
* Individuals with significant health conditions such as chronic neurological conditions, e.g. Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
* Individuals with Diabetes
* Individuals with significant health conditions who are taking medication that can affect the immune system (such as low doses of steroids)
* 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](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/))
* Individuals who have a body mass index (BMI) of 40 or above.

2. Clinically Extremely Vulnerable category includes:

People who are defined as clinically extremely vulnerable are thought to be at very high risk of serious illness from coronavirus. There are 3 ways staff may have been identified as clinically extremely vulnerable and therefore, in the past, included on the Shielded Patient List (although the shielding programme has now ended)

1. They have one or more of the conditions listed below.
2. Their clinician or GP added them to the Shielded Patient List because, based on their clinical judgement, they deem them to be at high risk of serious illness if they catch the virus.
3. They have been identified through the [COVID-19 population risk assessment](https://digital.nhs.uk/coronavirus/risk-assessment/population) as potentially being at high risk of serious illness if they catch the virus.

People with the following conditions are automatically deemed clinically extremely vulnerable and therefore have been previously included on the Shielded Patient List:

* solid organ transplant recipients
* people 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 that 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
* people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
* people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
* people on immunosuppression therapies sufficient to significantly increase risk of infection
* problems with your spleen, for example splenectomy (having your spleen removed)
* adults with Down’s syndrome
* adults on dialysis or with chronic kidney disease (stage 5)
* women who are pregnant with significant heart disease, congenital or acquired
* other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs – GPs and hospital clinicians have been provided with guidance to support these decisions

**Appendix 2: Further Guidance**

* [Working safely government guides](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19) - detailed information on risk assessment considerations for different types of workplaces and sectors. Section 2 of these guides provide advice on who should go to work and how they should be supported.
* Current government guidance on [protecting extremely vulnerable people](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)
* [NHS Guidance on who is at higher risk from coronavirus](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/)