

## COVID-19 – Workplace safety risk assessment (People)

<b>Assessor:</b>	Sarah Daniels on behalf of Gold Command
<b>Job title:</b>	People Director
<b>Assessment date:</b>	July 2020 (updated 28 August 2020)
<b>Review date(s):</b>	March 2021
<b>Business type/location:</b>	NMC - all

Business hazards associated with the coronavirus pandemic	Potential risks to workers caused by hazards	Control measures	Further actions required
<b>Infection Prevention, Cleaning and Staff Safety</b>			
As the business rebuilds after lockdown and staff return to work the organisation must ensure their safety by making premises “COVID” secure – unsafe workplace premises raise the risks of virus transmission	<p>There is a direct threat to staff health and wellbeing from transmission of the COVID-19 coronavirus while at work</p> <p>People can catch the virus from others who are infected in the following ways:</p> <ul style="list-style-type: none"> <li>• virus moves from person-to-person in droplets from the nose or mouth spread when a person with the virus coughs or exhales</li> <li>• the virus can survive for up to 72 hours out of the body on surfaces which people have coughed on, etc</li> <li>• people can pick up the virus by breathing in the droplets or by</li> </ul>	<p>Ensure that the organisation complies with its duty to provide a safe and healthy workplace/working conditions for staff in the workplace during the coronavirus pandemic by:</p> <ul style="list-style-type: none"> <li>• Circulating “COVID secure” coronavirus policies and safety procedures to all staff and managers; these set out how staff should behave and the precautions they must adopt during the pandemic to keep them safe</li> <li>• Requiring staff to practice effective social distancing while in and around the workplace, while travelling to work and in all work business</li> </ul> <p>Managers should pass on and reinforce key Government public health messages to all staff:</p> <ul style="list-style-type: none"> <li>• cover the mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing (Catch it — Bin it — Kill it)</li> <li>• put used tissues in the bin straight away</li> </ul>	None at this stage – all completed and in place by Estates department, People & OD, internal communications and local team arrangements

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	<p>touching contaminated surfaces and then touching their eyes or mouth</p>	<ul style="list-style-type: none"> <li>• wash hands regularly with soap and water for at least 20 seconds (use hand sanitiser gel if soap and water are not available)</li> <li>• avoid close contact with people who are unwell</li> <li>• clean and disinfect frequently touched objects and surfaces</li> <li>• do not touch face, eyes, nose or mouth if hands are not clean.</li> </ul> <p>In all departments, fully implement Public Health England (PHE) Guidance for Employers and Businesses on Coronavirus, including the following key safety precautions:</p> <ul style="list-style-type: none"> <li>• Keep local/departmental risk assessments under review to ensure that a safe place of work is maintained</li> <li>• Consult with staff and staff representatives – fully involve the workforce at all stages of the pandemic</li> <li>• Make any adjustments to the workspace/rotas/work patterns/ procedures necessary to facilitate effective infection prevention and social distancing at work</li> <li>• Follow government health and travel advice</li> <li>• Provide hand sanitiser as required</li> </ul> <p>Provide infection control personal protective equipment (PPE) such as gloves, visors, masks and eye protection if required in individual risk assessments and method statements, e.g. cleaning</p> <ul style="list-style-type: none"> <li>• Increase environmental cleaning in the workplace; review and revise cleaning method statements and schedules and ensure cleaning staff have access to suitable detergents, disinfectants and PPE</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Provide additional waste removal facilities and more frequent rubbish collection</li> <li>• Display appropriate public health posters and notices around the workplace and on websites</li> <li>• Provide face visors for those colleagues who wish to use them as additional protection when in contact with multiple persons, e.g. ‘meet and greet’ scenario</li> <li>• We will ask all persons in common areas, e.g. reception to wear face masks</li> </ul>	
<b>Homeworking, Hot-desking and Equipment Sharing</b>			
<p>Staff working together in workplace premises inevitably raises the risk of virus transmission</p> <p>Hot desking and the sharing of equipment present hazards that raise the risk of virus transmission further</p>	<p>Homeworking reduces the risk of staff gathering in the workplace and of transmitting the virus</p>	<p>Homeworking should be adopted within the organisation as the preferred method of work wherever possible and only staff who need to be on-site should attend workplace premises</p> <p>The following working arrangements will be put into place to support homeworking:</p> <ul style="list-style-type: none"> <li>• Managers will plan for the minimum number of people needed on site to operate safely and effectively</li> <li>• Departmental and line managers to review all staff job roles in order to facilitate and encourage homeworking wherever appropriate</li> <li>• Homeworking policies to be reviewed to ensure that sufficient support is provided to homeworkers</li> <li>• Managers should monitor the wellbeing of people who are working from home and put in place measures to</li> </ul>	<p>None at this stage – all completed and in place by Estates department, Technology department, People &amp; OD and local team arrangements</p>

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		<p>support their mental and physical health and personal security</p> <ul style="list-style-type: none"> <li>• Enhanced IT support to be provided to homeworkers to ensure the effectiveness of working arrangements and the security of information and data, for example, remote access to work systems</li> <li>• Arrangements should help homeworkers to stay connected to the rest of the workforce as appropriate</li> <li>• Hot-desking will not be supported at this time</li> <li>• Equipment should not be shared between staff – limit use of high-touch equipment in the workplace, eg whiteboards, pens, etc</li> </ul>	
<b>Workplace Social Distancing</b>			
<p>Effective social distancing is a key element in reducing the transmission of COVID-19</p>	<p>Social distancing refers to people being required to maintain a distance from each other of 2 meters, wherever possible.</p> <p>Social distancing effectively puts people at a safe range from anyone coughing. The main route of virus transmission is through droplets exhaled or coughed by an infected person</p>	<p>Staff are required to practice effective social distancing while in and around the workplace, while involved in work activities and when travelling to and from work, whenever possible, by:</p> <ul style="list-style-type: none"> <li>• Avoiding nonessential contact with others</li> <li>• Keeping a safe distance of at least 2 metres (about 3 steps) from others whenever possible</li> <li>• Avoiding physical contact (eg hugs, handshakes, etc)</li> </ul> <p>Adaptations to the premises to support social distancing should include:</p> <ul style="list-style-type: none"> <li>• A review of all work premises to identify suitable adaptations which will support social distancing</li> <li>• Offices and work spaces to be set up to support social distancing, e.g. layout changes, appropriate signage, stickers and floor markings to denote safe distances, etc</li> </ul>	<p>None at this stage – all completed and in place by Estates department, People &amp; OD and local team arrangements</p>

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		<ul style="list-style-type: none"> <li>• Workstations and desks to be arranged with a minimum separation between them – where necessary screens will be fitted</li> <li>• Establishing maximum occupancy limits for offices and work areas</li> <li>• Reducing the need for staff to move around within the workplace</li> </ul> <p>Adaptations to work processes to support social distancing will include:</p> <ul style="list-style-type: none"> <li>• Cancelling nonessential meetings</li> <li>• Holding essential meetings in well ventilated rooms with appropriate social distancing in place – limit numbers to essential members only and use phone/video conferencing, etc</li> <li>• Replacing face-to-face meetings wherever possible with video conferencing, phone conferencing, etc</li> <li>• Holding meetings outdoors</li> <li>• Providing hand sanitiser at meetings</li> <li>• Cancelling nonessential training and all face-to-face training/recruitment practices</li> <li>• Carrying out any essential training/ recruitment by using email/online e-learning wherever possible rather than bringing people together face to face</li> </ul> <p>Managers should display notices in all premises reminding staff of the key infection prevention requirements, including the need to maintain safe distancing</p>	
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		<p>Where social distancing guidelines cannot be followed in full, in relation to a particular activity, managers must carry out further risk assessments and consider whether that activity needs to continue for the business to operate - where such activities need to continue appropriate mitigation methods should be put into place, such as:</p> <ul style="list-style-type: none"> <li>• Increased hand washing</li> <li>• Increased environmental cleaning</li> <li>• Keeping the activity time involved as short as possible</li> <li>• Reducing the number of people each person has contact with by using “fixed teams or partnering” (so each person works with only a few others)</li> </ul>	
<b>Higher Risk Areas of the Workplace</b>			
<p>Some areas of the workplace may present a higher risk than others – this may include areas such as staff toilets, staff rooms and restrooms</p>	<p>Heavily used areas of the workplace are more likely to present an infection transmission risk</p> <p>Essential for staff to wash hands regularly but also that toilets are kept clean and free of coronavirus contamination</p> <p>A number of staff going to the toilet together may compromise their ability to comply with social distancing</p>	<p>Ensure higher-risk high traffic areas of the workplace are COVID secure by applying appropriate safety precautions, including:</p> <ul style="list-style-type: none"> <li>• Stressing the need for staff to follow good hygiene practice at all times while at work (ie regular handwashing, using tissues and disposing of them appropriately, etc)</li> <li>• Managers ensuring that adequate hand cleaning resources are provided; all staff toilets to be supplied with adequate supplies of hot water, liquid soap and paper towels</li> <li>• Printing handwashing instructions/posters and displaying throughout workplace, especially in toilets</li> </ul>	<p>None at this stage – all completed and in place by Estates department, People &amp; OD, Internal Communications and local team arrangements</p>

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	<p>Increased risk of people coughing and touching door handles, taps and toilet flush handles</p>	<ul style="list-style-type: none"> <li>• Limiting numbers of staff who can use high traffic areas such as corridors, stairs, toilets and restrooms at any one time to ensure social distancing</li> <li>• Limiting lift occupancy</li> <li>• Monitor high-traffic area use and regulate access as necessary</li> <li>• Prioritise disabled use where necessary, eg disabled toilet use, use of lifts, etc</li> <li>• Staggering breaks to ensure that restrooms and toilets are not overloaded             <ul style="list-style-type: none"> <li>• Establishing safe queuing systems by use of room occupancy limits and floor markings/signage, etc</li> </ul> </li> <li>• Placing 60% alcohol hand gels at convenient places around the workplace with instructions for use</li> <li>• Increasing environmental cleaning, especially in and around toilets and restrooms and staff rooms; special attention to be paid to frequently touched surfaces such as door handles, toilet flush handles, light switches, etc</li> <li>• Increasing toilets/washrooms inspections to check for cleanliness/adequate stock of soap/toilet paper, etc</li> <li>• Where possible, providing paper towels as an alternative to hand dryers in handwashing facilities</li> </ul>	
<b>Vulnerable and Extremely Vulnerable Staff</b>			
<p>Some staff may have pre-existing medical conditions which render them more vulnerable to the dangers of coronavirus infection</p>	<p>As at August 2020, those who are classified by PHE as being at greater risk from COVID-19 include people in the clinically vulnerable (moderate risk) and clinically extremely vulnerable (high risk) categories</p>	<p>The following safety and staff health arrangements should apply to staff who are classified as vulnerable (moderate risk) or extremely vulnerable (high-risk):</p> <ul style="list-style-type: none"> <li>• Managers, human resources and occupational health departments should identify and be aware of staff who fall into vulnerable and extremely vulnerable categories</li> </ul>	<p>None at this stage – all completed and in place by People &amp; OD and local team arrangements</p>

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	<p>Clinically vulnerable (moderate risk) people include those who:</p> <ul style="list-style-type: none"> <li>• meet the criteria that make them eligible for the annual flu vaccination (except those aged 65 to 69 year old inclusive who have no other qualifying conditions)</li> <li>• and they do not meet the CMO criteria for the high risk group for COVID-19</li> </ul> <p>This includes the following patient groups:</p> <ul style="list-style-type: none"> <li>• aged 70 or older (regardless of medical conditions)</li> <li>• under 70 with an underlying health condition listed below (for adults this is usually anyone instructed to get a flu jab as an adult each year on medical grounds):</li> <li>• chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis</li> <li>• chronic heart disease, such as heart failure</li> <li>• chronic kidney disease</li> <li>• chronic liver disease, such as hepatitis</li> <li>• chronic neurological conditions, such as Parkinson’s disease, motor</li> </ul>	<p>so they can ensure that they are given adequate protection and support to enable them to comply with government health recommendations</p> <ul style="list-style-type: none"> <li>• Members of staff in the extremely vulnerable “high-risk” category should be advised to follow government guidelines and medical advice with NMC support. Individual circumstances will be reviewed on a case by case basis in line with Government guidelines.</li> <li>• Extremely vulnerable “high-risk” staff will be offered appropriate time off arrangements - where it is possible or appropriate for them to safely work from home without risk this should be facilitated</li> <li>• Staff in the vulnerable “moderate risk” category may be considered on a case by case basis – wherever possible may be supported to work from home</li> <li>• Staff in the vulnerable “high risk” category who cannot work from home and wish to return to work should be offered additional protection so that they can achieve effective social distancing</li> <li>• Managers should stay in touch with vulnerable or extremely vulnerable staff who are staying at home by phone to ensure they are well and to prevent them from feeling isolated</li> <li>• Where they cannot leave their home at all, the organisation should help to provide additional support for any extremely vulnerable high-risk staff who may need it; this might include providing shopping or medicines where they are unable to gain support from elsewhere</li> <li>• All reviews of staff roles and safety should be non-discriminatory and take into consideration equality</li> </ul>	
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	<p>neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy</p> <ul style="list-style-type: none"> <li>• diabetes</li> <li>• those with a weakened immune system caused by a medical condition or medications such as steroid tablets or chemotherapy</li> <li>• being seriously overweight (a BMI of 40 or above)</li> <li>• those who are pregnant.</li> </ul> <p>Extremely vulnerable (high risk) people include those who:</p> <ul style="list-style-type: none"> <li>• have had an organ transplant</li> <li>• are having chemotherapy or antibody treatment for cancer, including immunotherapy</li> <li>• are having an intense course of radiotherapy (radical radiotherapy) for lung cancer</li> <li>• are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)</li> <li>• have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)</li> <li>• have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine</li> </ul>	<p>considerations and protected characteristics as defined under the Equality Act 2010, eg disabled staff</p> <ul style="list-style-type: none"> <li>• Reasonable adjustments must be made to avoid disabled workers being put at any disadvantage</li> <li>• Managers should refer to existing policies regarding new and expectant mothers, eg entitlement to time off on full pay if suitable safe roles cannot be found</li> </ul>	
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	<ul style="list-style-type: none"> <li>• have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)</li> <li>• have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell) are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)</li> <li>• have a serious heart condition and are pregnant</li> </ul> <p>The following Government advice applies:</p> <ul style="list-style-type: none"> <li>• Shielding has been paused. This means people who are clinically extremely vulnerable:</li> <li>• do not need to follow previous shielding advice</li> <li>• can go to work as long as the workplace is Covid-secure, but should carry on working from home wherever possible.</li> <li>• If in an area with an outbreak they must follow local advice.</li> </ul> <ul style="list-style-type: none"> <li>• Those in the “moderate risk” (vulnerable) category are advised to stay at home as much as possible –</li> </ul>		
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	<p>they can go to work if they cannot work from home</p> <ul style="list-style-type: none"> <li>• People in both categories are advised by the government to be particularly stringent in complying with social distancing requirements</li> </ul> <p>Pregnant women are included in the “moderate risk” category as a precaution but are not considered by PHE to be more likely to get seriously ill from COVID-19</p> <p>There is some evidence that people from ethnic minority backgrounds are hit harder by COVID-19.</p> <p>Having examined the available research and guidance we have concluded that the most appropriate and effective way to mitigate risks to colleagues from COVID-19 is to undertake individual assessments. In this way, we can understand the particular risks each person faces, reflecting on protected characteristics, their role, their background and health. Please see appendix 1 at the end of this document for further information.</p>		
<b>Staff Health and Staffing Levels</b>			

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<p>Low staffing hazards due to high rates of staff sickness or staff having to self-isolate themselves at home or remain at home because they are “shielded”</p>	<p>Staff may get sick with coronavirus infection</p> <p>People who have symptoms must “self-isolate” at home for 7 days from the start of symptoms to prevent them from passing the infection on and contributing to the overload on the NHS</p> <p>Those who live with others and where one person has symptoms must self-isolate as a household for 14 days from the day when the first person in the house became ill. If anyone else in the household starts displaying symptoms, they need to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14- day isolation period</p> <p>Those who are considered extremely vulnerable are advised to “shield” themselves at home</p>	<p>The following safety arrangements should apply to staff health or staffing levels:</p> <ul style="list-style-type: none"> <li>• Staff who are considered extremely vulnerable or high-risk should not be expected to attend for work in the workplace – where possible or appropriate they should be furloughed or supported to work from home</li> <li>• Staff who are sick or self-isolating should phone immediately and inform their line manager – on no account should they attend for work</li> <li>• Make sure that communications go out that no member of staff should come to work if they are self isolating or if they have COVID-19 symptoms or if they feel unwell</li> <li>• Staff may be reallocated from nonessential parts of the organisation to essential functions or may be subject to furlough arrangements</li> <li>• Managers should consider temporary departmental closures or operational adjustments if staffing is reduced to unsafe levels</li> </ul>	<p>None at this stage – all completed and in place by People &amp; OD, internal communications and local team arrangements</p>
<p><b>Premises Access and Travel</b></p>			
<p>Staff who are required to attend for work must be</p>	<p>Travel to and from work may lead to greater risk of virus transmission</p>	<p>The following safety arrangements should apply to workplace access and travel arrangements:</p>	<p>None at this stage – all completed and in place by Estates department</p>

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<p>given safe access to the workplace</p>	<p>Public transport may be restricted in order to achieve social distancing on trains, buses, etc</p> <p>Access to buildings may create a virus transmission risk if staff all seek entrance at once or are channelled through single points of entry</p> <p>Risks may be increased for disabled staff who may have reduced options for access</p>	<ul style="list-style-type: none"> <li>• Ensure that sufficient access points to the workplace are provided so that staff do not congregate at entrances and exits – ensure that all access points have supplies of sanitizer available</li> <li>• Review disabled access policies and arrangements to ensure safe entrance or exit for disabled staff</li> <li>• Use floor markings and signage at entrances and exits and introduce one-way flow systems at entry and exit points where appropriate</li> <li>• Enable flexible/staggered working arrangements so that staff can avoid travelling at peak times or all arriving or leaving at the same time</li> <li>• Provide hand sanitiser at entrances and exits</li> <li>• Ask staff not to share cars and limit use of any work minibuses, etc</li> <li>• Support staff to walk or cycle to work wherever possible, eg providing safe bike storage, showers, lockers, etc</li> <li>• Ask staff not to use public transport if at all possible – where they do use public transport they should conform with all requirements, eg wearing face coverings if required, social distancing, etc</li> </ul> <p>In all cases non-essential travel for work purposes should be minimised</p>	<p>and local team arrangements</p>
<p><b>Cases of Possible Infection On-site</b></p>			
<p>People becoming unwell while on-site or a symptomatic person using a site</p>	<p>High risk of transmission</p>	<p>If a member of staff becomes unwell in the workplace with coronavirus symptoms (a new, continuous cough or a high temperature) they should be sent home and advised to follow government advice to self-isolate</p>	<p>None at this stage – all completed and in place by Estates department,</p>

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		<p>The following actions should be taken within the workplace:</p> <ul style="list-style-type: none"> <li>• All surfaces that a symptomatic person has come into contact with must be cleaned and disinfected, especially objects visibly contaminated with body fluids and all potentially contaminated high contact areas such as toilets</li> <li>• Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids, can be cleaned thoroughly as normal</li> <li>• Cleaning staff should use disposable cloths or paper roll and a combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine</li> <li>• Cleaning staff must wear appropriate PPE</li> <li>• Waste from cleaning of areas where possible cases have been (including disposable cloths and tissues) should be “double-bagged” and tied off; it should be placed in a secure holding area for 72 hours before being disposed of in general waste</li> </ul>	<p>People &amp; OD and local team arrangements</p>
<b>Business Continuity Crisis management and business continuity hazards caused by the pandemic emergency</b>			
<p>Crisis management and business continuity hazards caused by the pandemic emergency</p>	<p>The crisis threatens business continuity and ability to deliver essential services to our customers</p>	<p>Managers should refer to business continuity policies and procedures</p> <p>After lockdown the following safety arrangements should be applied to establish business recovery:</p> <ul style="list-style-type: none"> <li>• Establish overall coronavirus risk management team</li> </ul>	<p>None at this stage – all completed and in place by Estates department, Corporate Risk and local team arrangements</p>

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		<ul style="list-style-type: none"> <li>• Ask all departments to review and refresh business continuity plans as necessary</li> <li>• Devise appropriate business recovery plans and keep under constant review</li> </ul>	
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Information			
<p>Hazards caused by lack of information or inaccurate information being circulated</p>	<p>The pandemic has been accompanied by a large amount of official guidance, some of which needs interpretation, and also by misinformation, rumour and “fake news” or “myths”. If these are allowed to gain traction within the organisation they can obscure and confuse vital health and safety measures.</p>	<p>After lockdown the following safety arrangements should be applied to mitigate risks caused by misinformation and “fake” news:</p> <ul style="list-style-type: none"> <li>• To ensure the safety and wellbeing of staff business strategies must be based on accurate information and staff must be given consistent, simple and clear messages</li> <li>• Coronavirus risk management team to monitor official advice carefully and update all policies and procedures</li> <li>• Ensure leadership teams/local managers are briefed and kept up to date</li> <li>• Managers to beware fake news and discourage the circulation of misinformation</li> <li>• Keep staff informed – key messages include the need for unwell staff or homeworking staff to stay at home, for frequent handwashing and for social distancing</li> </ul>	<p>None at this stage – all completed and in place People &amp; OD and Internal Communications</p>
Communication			
<p>Threat to effective communications</p>	<p>The pandemic crisis threatens communications with clients/customers/suppliers – such communications are vital in the reestablishment of business activities and procedures after lockdown</p>	<p>After lockdown the following safety arrangements should be applied to mitigate risks to communication systems:</p> <ul style="list-style-type: none"> <li>• Senior management to review all outward facing communications (eg on customer website, etc) to ensure messages are consistent, clear and reflect the customer focused and socially aware values of the organisation</li> <li>• Managers to revise communications strategies and plans</li> <li>• Devise specific plans for how and how often to communicate with clients/customers/ suppliers</li> </ul>	<p>None at this stage – all completed and in place by Internal Communications and local arrangements</p>



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Cyber Security			
<p>Cyber-security risks</p>	<p>Cyber-security threats often accompany a crisis, including computer viruses, phishing and scam emails and coronavirus related “ransomware”</p> <p>With the organisation and individual staff more reliant than ever on digital communications and the internet, and with more staff working from home and using a variety of digital devices, the need to ensure the security and function of our digital systems is more important than ever</p>	<p>The following safety arrangements should be applied to mitigate cyber risks:</p> <ul style="list-style-type: none"> <li>• Review cyber security and surveillance infrastructure and ensure that all reasonable protection is in place</li> <li>• Circulate warnings to staff and managers of any credible cyber threats, especially scam emails and text messages</li> <li>• Ensure that staff working from home and using remote working systems are covered by cyber-risk protections</li> <li>• Ensure any homeworking arrangements maintain standards of data protection and IT security</li> <li>• Ensure that existing cyber-security systems do not interfere with the availability of critical safety information and updates relating to coronavirus</li> <li>• Assess cyber risks to new supply chain connections developed during the crisis</li> </ul>	<p>None at this stage – all completed and in place by Technology department</p>

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### Appendix 1

#### Individual risk assessments – our approach and why

The purpose of our risk assessments is to keep our colleagues and visitors safe and to prevent the spread of coronavirus as they return to work in our buildings.

Having examined the available research and guidance we have concluded that the most appropriate and effective way to mitigate risks to colleagues from COVID-19 is to undertake individual assessments. In this way, we can understand the particular risks each person faces, reflecting on protected characteristics, their role, their background and health.

In reaching this conclusion we:

- Undertook an Equality Impact Assessment (EqIA) to ensure that we did not discriminate in our approach and that any adverse impacts of our Phase 1 return to offices plan were mitigated
- Reviewed available research and guidance on the differential impacts of COVID-19 on different protected characteristics including ethnicity, age and gender.

#### Equality Impact Assessment

The EQIA of colleagues occupying roles returning to the workplace during phase one (September 2020), indicated that the proportion of individuals returning to work reflected the general NMC workforce on the basis of race, sexual orientation or disability. However a higher proportion of colleagues that identify as men, colleagues aged 50-59 and those of a Christian faith are being invited back.

#### Review of available research and guidance

Public Health England have published a number of reports<sup>1</sup> on the differences seen in COVID 19 impacts and we have used these to consider the most appropriate way to manage the people risks associated with office working.

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<sup>1</sup> Public Health England, ‘COVID-19: review of disparities in risks and outcomes’ August 2020 and Public Health England ‘Beyond the data: Understanding the impact of COVID-19 on BAME groups’ June 2020

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It should be noted that the August 2020 PHE data relates to tests conducted in a hospital environment and therefore relates to those people most seriously affected by COVID-19. We will need to keep our risk assessment and EQIA under review as more information and analysis is available.

Quoting from the PHE report *“The largest disparity found was by age ... Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups. These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups. These analyses take into account age, sex, deprivation, region and ethnicity, but they do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences”*.

It goes on to set out that

- working age men are twice as likely as women to die of COVID-19
- higher risk to those in urban areas
- In relation to BAME groups,
  - People of Bangladeshi ethnicity had twice the risk of White British
  - Chinese, Indian, Pakistani, Other Asian, Black Caribbean and Other Black ethnicity had between 10 – 50% higher risk of death than White British
  - But this did not account for effect of occupation, comorbidities or obesity – which are associated with risk of acquiring COVID 19, risk of dying or both
- A higher percentage of death certificates mentioned diabetes, hypertensive diseases, chronic kidney disease, COPD and dementia
- Increased risk of adverse outcomes in obese or morbidly obese people

We have continued to monitor the Government advice on those that are clinically vulnerable. The latest NHS guidance<sup>2</sup> as at August 2020 setting out people at high risk who are clinically extremely vulnerable is outlined in the main table above on page 8.

In relation to the conversations we have had with colleagues in our risk assessment meetings, as well as generally exploring people’s concerns and worries about the return we have spoken about the following issues so that these are factored into the tailored approach for the individual:

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<sup>2</sup> Source <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

## COVID-19 – Workplace safety risk assessment (People)

- Wellbeing – overall wellbeing and where to find information, any particular concerns for e.g. BAME background and increased risk, NHS test and trace, travel abroad
- Clinically Vulnerable people
- Caring responsibilities (e.g. childcare, vulnerable adult)
- Travel (journey to and from work)
- Homeworking
- Not returning to work

Concerns were mixed, with colleagues specifically mentioning living with vulnerable dependants, themselves being vulnerable, being at a higher risk in general, travelling on public transport, and being provided with PPE. The EQIA on these responses pulled out specific details for colleagues who are disabled, over age 50, and /or from BAME backgrounds. Due to the individual, sensitive and personal nature of these issues, HR is currently working with individuals and their line managers to enable appropriate support, advice and signposting as required.

Having reviewed the internal and external information available to us, it was clear that the interplay of age or ethnicity or any underlying conditions plus socio economic factors that may affect risks and outcomes in relation to COVID 19 were highly individualised and sensitive. As a result, we determined that the most appropriate approach to understanding the risks our employees faced, while adhering to changing Government guidelines, was to undertake individual assessments so that people's particular and specific circumstances could be understood and any support or adjustments needed were tailored effectively.