

Manager Guide CV19 Working – Final V2 April 2021

**MANAGER GUIDE FOR THE USE OF HEALTH RISK ASSESSMENT TO ENSURE  
SAFETY IN WORK AND WHEREVER POSSIBLE THE RETURN OF STAFF IN  
RELATION TO COVID 19**

**Introduction**

This Manager Guide applies to all staff.

The safe management of staff to be protected in the workplace is paramount.

From 1 April 2021, clinically extremely vulnerable (CEV) staff can begin to follow the national restrictions alongside the rest of the population but are still advised to take extra precautions to keep themselves safe from COVID-19.

Other staff working from home may also ask to return to work.

The aim of this guidance is to provide assistance to managers in considering appropriate steps for staff who are potentially at higher risk due to the nature of their work setting, in relation to making changes to remove or reduce the effect of COVID-19, whilst providing the most appropriate and safe service for patients. The guidance provides generic advice relating to risk management and suggests controls for consideration within risk assessments with the individual staff member concerned.

The Health Risk assessment applies to all staff

1. New starters
2. Colleagues with no underlying health conditions
3. Colleagues who are clinically extremely vulnerable (CEV)

**What does this mean for colleagues who are clinically extremely vulnerable (CEV)?**

If a member of your team is shielding and currently away from their usual workplace, they will be asked to speak to their manager before they start to make any plans to return to work.

The Trust will continue to make workplaces COVID secure; this means that for most Trust colleagues we are not going to make any sudden changes to their current working arrangements.

We have asked these colleagues to take the following steps:

- Arrange a conversation with their manager.
- Review their health risk assessment with their manager in the light of their present circumstances; details of how to do this can be found on the employee information page via the staff “Coronavirus Guidance and Resources” section on Focus (link: [Coronavirus resource page for staff :: Derbyshire Healthcare NHS Foundation Trust \(derbyshirehealthcareft.nhs.uk\)](https://coronavirusresourcepageforstaff.dhft.nhs.uk)).

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- Provide details of whether they have had the COVID-19 vaccine; once they have had the second dose and allowed time for the second dose to take effect, they are more likely to be in a position to return to a Trust workplace.

If it is agreed that a return to the Trust workplace is possible, as their manager you will need to think about a phased return and identify any extra precautions and safeguards that will be needed.

Please also refer to the end of this guide on what managers also being asked to undertake in planning the return of colleagues who have been away from their usual workplace.

### **What steps do team members need to take if a colleague is returning to their workplace?**

- As the national rules and requirements are stepped down, we will be asking all teams to step up their vigilance around social distancing, ventilation, handwashing, the wearing of face masks and the wiping of surfaces. We would also ask clinical teams to maintain their efforts around PPE and the use of lateral flow tests (twice weekly).
- Where a colleague is returning to a workplace, we would ask teams to consider that colleague's health and wellbeing. Please give your colleague every reason to feel confident about their health and safety in the workplace.
- We will follow the guidance in the Health Risk Assessment and be guided by feedback from Occupational Health, but the general rule that we will follow as a Trust is: if a manager or clinical lead does not feel that it is safe for an individual or a group of colleagues to return to a workplace, they will not be able to do so.

This general guidance needs to be considered in the light of specific individual staff needs. Staff will not require all of the changes below, just those relevant to their needs and their specific job role.

### **Background and context**

<b>Why do we have to undertake a Health Risk Assessment?</b>	Risk assessments are part of the risk management process and are included in the Management of Health and Safety at Work Regulations 1999.
<b>What is a risk assessment?</b>	A risk assessment is the process of identifying what hazards currently exist or may appear in the workplace. In this case this is a health self-assessment to seek Occupational Health advice on any changes required.

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At the onset of the pandemic emergency our organisation took a risk-averse response.

- This was taken at entry into an unknown risk situation or when risks and evidence was limited.
- We have now left the high levels of infection phase as seen in the national wave 2 and are moving into restoration and recovery of services, because the risks have significantly reduced.
- We can make this transition because of what we have learnt and new evidence about risks and risks management.
- As a manager in our service in the summer of 2020 we asked you to use this guide to move the management of our colleagues from a risk-averse model to a risk-reduction model.

Now, in April 2021, we need you to continue to build confidence in our colleagues to move into this phase by both physical changes in buildings, the allocation of PPE, the rostering of flexible working hours, team working (team A and team B or bubbles) rostering of services, workload support and management following the end of this next wave of the pandemic.

In every approach we use the Team Derbyshire Promise.

In making environmental changes to become a COVID-secure workplace, offering PPE to ensure safe working and building confidence in your team member are key to a person returning safely and confidently to a wider scope of practice or duties.

### **Can I use this guidance when I am working with colleagues who have been concerned and worried?**

Yes, in exploring wider conversations regarding health, in response to restrictions both working on technical or practical solutions as well as confidence. All employees can have a risk assessment and conversation with their line manager; it's important to capture worries or changes in people's circumstances.

A powerpoint presentation has been designed to be read in conjunction with this guide to support you having the confidence to have health conversations about feeling safe and confident at work.

## **Definitions**

<b>What is a high-risk area?</b>	<p>These are COVID-positive areas.</p> <p>Any inpatient ward with a COVID-positive patient (within 0-14 days of symptom onset).</p> <p>Community environment with a known COVID-positive status (this would include care homes, prisons and custody environments).</p> <p><b>Any patient-facing colleague without full vaccination and/or not undertaking regular lateral flow testing (twice weekly) should be supported to temporarily work in a non-COVID-positive workplace environment within the clinical area.</b></p> <p><b>Existing guidance states and Occupational Health guidance says CEV staff must not work in high-risk areas and should be temporarily moved to low-risk work environments, even if vaccinated and/or undertaking lateral flow testing (twice weekly).</b></p>
<b>What is a medium-risk area?</b>	<p>A named and <u>defined area</u> where admissions of suspected COVID-positive patients are admitted to hospital.</p> <p>In our wards this is defined as Ward 36, Morton, Tansley, specific areas in Cubley Ward and Ward 1 space, and any ward which have taken a direct admission such as Enhanced Care Ward (ECW).</p> <p>May include The Beeches in an emergency admission.</p> <p>Acute Trust 'red' areas such as ED, the Acute Emergency floor, Acute Trust inpatient wards.</p>
<b>What is a low-risk area?</b>	<p>All community settings.</p> <p>An inpatient area with no positive or suspected COVID cases.</p> <p>All CEV colleagues should be supported not to work with COVID-suspected patients and should work in low-risk areas (even when vaccinated).</p> <p>Checks need to be put in place with patients/service receivers before visits to ascertain symptoms and/or any contact with other individuals who may have symptoms.</p>

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**Wider context and steps you will need to include as part of your response**

The guidance below gives an indication of steps that may be appropriate to consider, in order to manage any risk to staff appropriately within their current job role.

The guidance is offered within the broader context of:

- DHCFT is developing flexible ways of working which may include patterns of working or places of working that are conducive for the staff member and service delivery.
- Adjustments in relation to physical distancing and staff protection are in process with regard to DHCFT existing estate, with new national guidance regarding estate having been implemented.
- Positive basic infection control processes are implemented in all areas both corporate and clinical; for example, regular handwashing before entry to a shared team space and enhanced cleaning practices being introduced in all areas.
- The wearing of face masks will continue within the Trust in line with national guidance.
- Social distancing and hand washing are preferable to donning PPE. However, where environmental changes cannot be maintained then use of PPE is recommended.
- DHCFT has moved to a position of a higher level of digital clinical interventions and this has become the norm for the majority of clinical staff and more digital meetings being the norm for corporate staff.

The application of the guidance will vary across clinical settings, non-clinical settings, community settings and inpatient settings, but the principles largely remain the same.

1. CEV staff, who had previously been asked to work from home, are now being supported to return to work and no longer shield from 1 April 2021. This guidance aims to assist in completing risk assessments with staff members who are CEV or are in a BAME group and require changes to be made to reduce risks.

This does not exclude staff from returning to work. Every employee as an individual will have a very different risk assessment and outcome, as referred to previously. Needs should be considered on a case-by-case basis.

For some individuals it will be fairly straightforward and with workplace changes colleagues can return to work, with the only restriction being that they are not able to work in named COVID-positive areas without full vaccination and regular lateral flow testing (twice weekly).

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For individuals with multiple conditions, it may mean that other changes. Separate start/finish times, team bubbles, working hours and wider practical solutions may be required to enable a return to work.

**Definition of CEV groups in line with National Guidelines as at 1 April 20201**  
**(www.gov.uk)**

People who are defined as clinically extremely vulnerable are thought to be at very high risk of serious illness from coronavirus. There are three ways you may be identified as clinically extremely vulnerable and therefore included on the Shielded Patient List:

1. You have one or more of the conditions listed below.
2. Your clinician or GP has added you to the Shielded Patient List because, based on their clinical judgement, they deem you to be at high risk of serious illness if you catch the virus.
3. You have been identified through the [COVID-19 Population Risk Assessment](#) as potentially being at high risk of serious illness if you catch the virus.

If you do not fall into any of these categories, and have not been contacted to inform you that you are on the Shielded Patient List, follow the [guidance](#) for the rest of the population.

If you think there are good clinical reasons why you should be added to the Shielded Patient List, discuss your concerns with your GP or hospital clinician. People with the following conditions are automatically deemed clinically extremely vulnerable and therefore 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.

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- 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

Additional support is available to assist staff if they are experiencing heightened levels of anxiety specifically regarding Covid-19 related issues.

Occupational Health can also advise on support available for colleagues who may have Long-Covid symptoms.

Please see the information below of details of support offers. A referral to Occupational Health may also need to be considered in some circumstances.



Covid19 staff support poster.pdf

## The new Health Risk Assessment (HRA) April 2021

The changes	Guide
<b>Step 1</b> Check if you have any new starters* Use the New HRA – for all new starters that have commenced.  *with effect from 1 April 2021	Click on the new HRA link <a href="http://dhcftsystems/WebSystems/HRA/Default.aspx">http://dhcftsystems/WebSystems/HRA/Default.aspx</a>
<b>Step 2</b> Review all existing employees at a normal managerial supervision session and update the old HRA with the review tool.	Go to the old form and click on it, you will see a new section.
<b>Step 3</b> All current employees. In three months at a normal managerial supervision session or when a change occurs with one of your team, review the new HRA and check if any conditions have changed.	Go to the old form and click on it, you will see a new section.

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There are small changes across the form that we have developed.

Are you using the lateral flow testing kit?

Yes  No

Are you a direct clinical care worker?

Yes  No

Have you had your COVID vaccine?

Yes  No

If you are not sure about your vaccine dates, please enter the month in which you had your vaccine or the month it is booked for. Otherwise, please use the **Date given or booked** box to select the date.

Dose 1	Use this box if you are not sure about the vaccine date	Date given or booked
Dose 2	Use this box if you are not sure about the vaccine date	Date given or booked

Please progress to next stage of risk assessment

Show accessibility tools

The most significant is in this section:

### Lateral flow testing and direct care staff

1. All direct frontline patient-facing staff are recommended to continue with lateral flow testing (twice weekly). This is for all staff even after receiving two doses of the COVID vaccine.
2. Older adult care homes and some residential care settings will not allow access to staff who are not undertaking lateral flow testing.
3. The vaccine is protective, but it is not a 100% guarantee and lateral flow testing should continue.

### COVID vaccine status

1. The COVID vaccine evidence is increasingly clear of how protective this is to you and the people you care for.
2. NHS England has published formal instructions that staff should have the vaccine. A conversation with the manager and their staff to understand why. The directive states that staff who are not vaccinated should be moved to a low risk setting. At this time for DHCFT all areas are assessed as being a low risk setting. This status may change but if community transmission in Derbyshire remains low, and services remain COVID-free, this will continue.

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All service areas will be reviewed for their risk level. The Incident Management Team and the Operational Team may direct you as a manager to move a member of staff from the ward or clinical setting if this status changes. You must inform your employee of this risk and support them to explore their decision and choice. The Trust respects every individual's right to make an informed decision, however, the duty of care to employees and patients may result in a staff member being moved from their preferred or usual work environment.

**Please note each manager must prepare their staff that if the Trust and Derbyshire head back into high community transmission rates or an outbreak occurs on a ward, a non-vaccinated colleague with no underlying health conditions could be moved to a low-risk area. The manager must inform the staff member, discuss how this will occur, and agree with the person, any factors that should be considered.**

### **Supporting Resources**

The “Coronavirus Guidance and Resources” section on the Trust website ([Coronavirus resource page for staff : Derbyshire Healthcare NHS Foundation Trust \(derbyshirehealthcareft.nhs.uk\)](https://coronavirus.derbyshirehealthcareft.nhs.uk/staff/)) is extremely useful to use in conjunction with this guide and gives lots of detailed information regarding a range of issues that will arise in discussions with staff, including all information related to working from home.

This guidance should be read in conjunction with the following policies:

#### **Infection Control Policy**

[https://focus.derbyshirehealthcareft.nhs.uk/application/files/8315/8886/1514/Infection Prevention and Control Policy and Procedure.docx](https://focus.derbyshirehealthcareft.nhs.uk/application/files/8315/8886/1514/Infection_Prevention_and_Control_Policy_and_Procedure.docx)

#### **Hand Hygiene Policy**

[https://focus.derbyshirehealthcareft.nhs.uk/application/files/2215/7590/1582/Hand\\_Hygiene\\_Policy\\_and\\_Procedures.docx](https://focus.derbyshirehealthcareft.nhs.uk/application/files/2215/7590/1582/Hand_Hygiene_Policy_and_Procedures.docx)

#### **Dress and Uniform Policy**

[https://focus.derbyshirehealthcareft.nhs.uk/application/files/4616/0094/4160/Dress\\_and\\_Uniform\\_Policy.docx](https://focus.derbyshirehealthcareft.nhs.uk/application/files/4616/0094/4160/Dress_and_Uniform_Policy.docx)

#### **Guidance for Working from home**

[https://focus.derbyshirehealthcareft.nhs.uk/application/files/8316/1366/5380/Home\\_Working\\_Policy.docx](https://focus.derbyshirehealthcareft.nhs.uk/application/files/8316/1366/5380/Home_Working_Policy.docx)

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**BAME risk assessment**

<http://dhcftsystems/WebSystems/BME/>

**Working safely during Covid 19 in Offices**

New national guidance was issued on 12 May 2020 and gives specific advice regarding adjustments we need to consider both within our Estate and our management arrangements



working-safely-during-covid-19-offices-co

**Covid Secure Workplace Policy and Procedure**

The Covid Secure Workplace Policy and Procedure was issued September 2020 and incorporates national guidance for the Trust.

[https://focus.derbyshirehealthcareft.nhs.uk/application/files/8415/9911/8431/Covid\\_Secure\\_Workplace\\_Policy\\_and\\_Procedure.docx](https://focus.derbyshirehealthcareft.nhs.uk/application/files/8415/9911/8431/Covid_Secure_Workplace_Policy_and_Procedure.docx)

**Working safely during COVID-19 in other people's homes**



working-safely-during-covid-19-other-homes

**The guidance will also assist in relation to the Health Risk Assessment**

<http://dhcftsystems/WebSystems/HRA/Default.aspx>

**DHCFT health risk assessment training slides updated 260321 (Final)**



DHCFT health risk assessment training.pptx

**As a Manager these are the next steps we request you undertake for your staff who are returning to the usual workplace:**

We are aware that some managers will span a large group of staff as direct reports. Appropriate delegation to a deputy is acceptable in some cases. Agree this with your Area Service Manager (ASM) or equivalent.

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1. Arrange to meet with your member of staff who has been working away from their usual workplace. This should be remotely wherever possible.
2. Ask them to come to the conversation prepared to discuss their Health Risk Assessment and possible return to the workplace.
3. In the meeting, once their general wellbeing has been established, move on to how things are working now.
4. Undertake a refresh of the Health Risk Assessment, using the updated tool. This contains some additions such as vaccination status.
5. This will then be reviewed by Occupational Health, as in the first round of this process. They will then send you, as the manager, and the employee, a copy of the advice they are providing together with recommendations.
6. Arrange a follow up meeting, with the employee, to then review the advice, plan the approach and any mitigations they require. This may mean a gradual, phased return to the workplace with some changes or variations to working arrangements, as outlined in this guide.
7. Agree and plan a date to return, and with the employee's permission, speak with immediate colleagues to advise them of the return in order that the agreed arrangements can be facilitated.
8. This may be a phased return, and please be mindful that for some colleagues returning to work may be a significant change for them. Consider a buddy in the workplace and be mindful the workplace may not look the same as when they were last in work.

Thank you to you all for undertaking the relevant risk assessments for staff and please ensure you include a review date.

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**Executive Director of Nursing and Patient Experience**

**Celestine Stafford**  
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**April 2021**