CORONAVIRUS AND PROTECTED CHARACTERISTICS

RISK ASSESSMENT AND MANAGEMENT PLAN

This is a live document, subject to updates and development based on feedback from staff, school and trust leaders and Directors. The document should not be regarded as fixed and will be improved through feedback over time.

1. Introduction:

Over the course of the pandemic to date there has been an emerging picture of the impact of coronavirus on groups of people covered under the Equalities Act. Specifically:

- Those with medical needs
- Those who are pregnant
- Those from Black, Asian and Minority Ethnic (BAME) backgrounds.

This risk assessment addresses those staff who are from these three groups.

The Trust has evaluated the risks around social distancing. We note that the 2m social distancing guidance from PHE is more stringent than many other countries and understand the rationale behind the development of social bubbles or groups that are intended to offer protection between groups rather than specifically within the group. We note that stringent control measures within settings offer further protection that was not in place prior to the shut down offer significant protection from touch-based transmission.

2. Understanding and managing need:

i. Those with medical needs:

The Trust has assessed the risk to staff with medical needs in light of the guidance from the Department for Education and determined:

1. Those who are in the **clinically extremely vulnerable** group must not return to work and must work from home if they are able to do so

2. Those who are in the **clinically vulnerable group** will only return to work from September 1st once we have established that arrangements proposed by the Department for Education and supported by Track and Trace have been effective in minimising the risk to staff. Where it is absolutely essential for staff to come into school before 1st September this will only be in non-pupil facing roles and where strict 2m social distancing can be maintained.

ii. Those who are pregnant

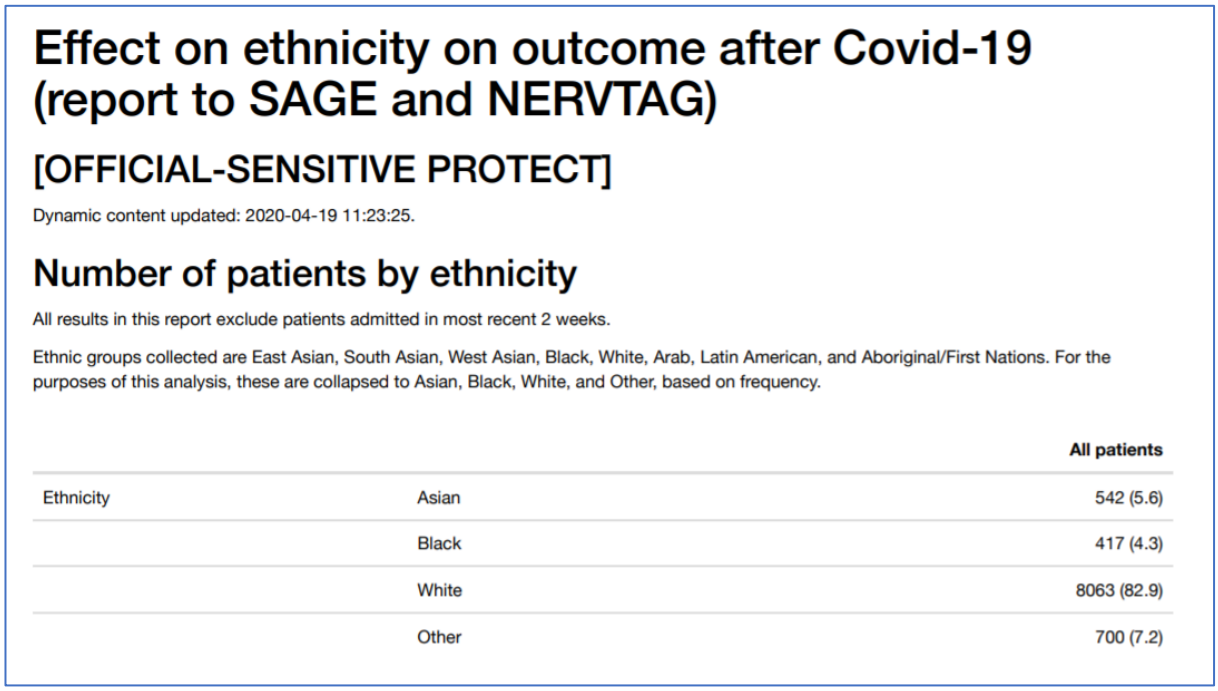
Pregnant women are considered clinically vulnerable and the same restrictions on their work apply as stated above.

iii. **Those from a BAME background**

The BAMEd guidance updated on 24th May 2020 is outlines that it is not yet clear why the dangers to BAME communities may be disproportionately higher, but it is clear from some data sources in the early stages of the pandemic that was and is an issue of great concern to all.

The most recent SAGE reports includes the following summary:

a. Hospital admissions:



Effect on ethnicity on outcome after Covid-19 (report to SAGE and NERVTAG)

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Dynamic content updated: 2020-04-19 11:23:25.

Number of patients by ethnicity

All results in this report exclude patients admitted in most recent 2 weeks.

Ethnic groups collected are East Asian, South Asian, West Asian, Black, White, Arab, Latin American, and Aboriginal/First Nations. For the purposes of this analysis, these are collapsed to Asian, Black, White, and Other, based on frequency.

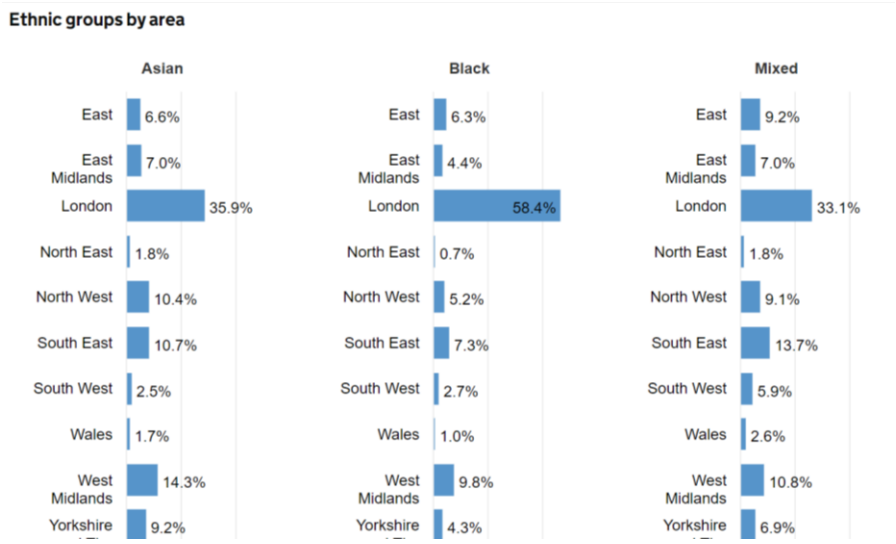
		All patients
Ethnicity	Asian	542 (5.6)
	Black	417 (4.3)
	White	8063 (82.9)
	Other	700 (7.2)

Ethnic group	Hospital admissions	UK census 2011
ASIAN	5.6%	7.5%
BLACK	4.3%	3.3%
WHITE	82.9%	86.0%
Other	7.2%	3.2%

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886430/s0204-co-cin-report-ethnicity-outcomes-190420-sage27.pdf

The differences in hospital admissions and population are likely, in part, to be affected by the disproportionately high representation of BAME communities within large urban areas. The nature of

the spread of the virus being particularly strong through urban areas is noticeable. BAME communities are strongly represented within these areas and are likely to have been disproportionately exposed to the virus as it spread. Census information showing the distribution of Black, Asian and Mixed groups is shown below. Census data shows 40.2% of Londoners are from a BAME background.



https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest#ethnic-groups-by-type-of-location-urban-or-rural

b. Evidence on outcome once admitted to hospital

Assessing data from across the UK, there is a disproportionately high level of admission to hospital from BAME communities. This will undoubtedly be a fact that is of direct concern to all staff, students and parents from BAME communities. The evidence from SAGE on the impact on BAME communities to those admitted to hospital is shown below:

Summary

More admissions to hospital are seen in the Black and Minority Ethnic group in this cohort, compared with that expected from the population proportion at a country level. Analysis at a Trust/Healthboard level is well developed and will characterise any selection bias that exists in this cohort.

More admissions to HDU/ITU are seen in the Black, Asian and Minority Ethnic (BAME) group, compared to the White ethnic group. These are explained by differences in patient characteristics such as comorbidity. No difference in HDU/ICU admission is seen after adjusting for patient characteristics.

The White ethnic group has higher mortality than the BAME group.

In robust matched models (propensity-score matched), no excess mortality is seen in the BAME group.

In conclusion, Black and Minority Ethnic individuals might be more likely to be admitted to hospital with COVID-19. BAME groups are more likely to be admitted to HDU/ICU. When patient characteristics are taken into account, no excess HDU/ICU admissions or deaths are seen in the BAME group.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886433/s0238-co-cin-report-ethnicity-outcomes-250420-sage29.pdf

In light of this most recent evidence from SAGE, the Trust has determined:

i. **There is a disproportionate number of people admitted to hospital from BAME communities when compared to national census data. This fact will be a cause for great concern for staff in our schools.**

ACTION:
School leaders will undertake a risk assessment with each member of staff who expresses a concern around their return to work, exploring the reasons for this concern and identifying means of support and mitigation.

ii. **There is a specific increased risk to BAME staff who display characteristics that may place them in the vulnerable group. Most of these staff will be known to the school and arrangements already in place for mitigation.**

ACTION:
The Trust will take steps to strongly recommend to BAME staff that they seek medical advice as to whether any condition they may have may place them into the clinically vulnerable category and make adjustments accordingly (see step 2 of the risk assessment).

iii. **There is an ongoing need to review evidence around impact of coronavirus on BAME communities and the Strategic Executive Leader will do so alongside community partners**

iv. **Where there are no underlying health concerns defined by SAGE by comorbidity, BAME staff are at no greater risk.**

What about students?
With respect to students in our schools, the Trust is leading on a community project to evaluate the impact of coronavirus on BAME communities with the aim that the outcome to this research informs our work in the months ahead.

The Trust has adapted and adopted the following Risk Assessment template from BAMEd that can be used with any member of staff who expresses significant concerns with respect to a return to their role in school.

Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in school settings

Risk assessment
Due to the nature of individual roles, concerns and anxieties, any risk assessment should be done with the member of staff.

Risk mitigation
Measures that may support the member of staff feel more comfortable in their role should be explored where possible. It should be noted that no member of any group should be in student facing roles where they have other vulnerable characteristics – chronic asthma, diabetes etc. Strategies like sitting near to an open window or repositioning a desk so that it is closer to a window are likely to be useful strategies that the member of staff could determine would help.

Personal protection equipment (PPE)
Appropriate PPE should be made available and clear instruction and training should be provided to school staff regarding how to wear and dispose of, or re-use these, where fitting. Currently PPE should only be used when dealing with a suspected case of coronavirus or another medical issue that requires close care.

PPE worn for extended periods may result in a person touching their face more often, spreading moisture on surfaces and increasing the risk of transmission. As the BAMEd information highlights, evidence on this is mixed.

Students should be offered an explanation and reassurance about staff wearing PPE in those limited circumstances where they are required to do so.

Staff testing
There is now a national testing process for England. It should be offered to staff with consideration given to prioritising BAME staff and their families, to enable healthy staff to attend work.

Aids for remote working
It is advised that organisations provide resources for remote working for all staff as priority.

Redeployment
BAME staff should be considered for redeployment to lower risk work areas or home working. A proactive offer by the manager as part of an ongoing review, keeping staff needs in mind, will engender confidence that the staff members' needs are being taken seriously.

Working from home
If completely working from home or redeployment is not possible, a balance between working from home and school may be a way of reducing COVID-19 risk exposure. This should be carefully and actively considered rather than staff being made to feel guilty.

Other infection prevention and control measures
Social distancing in all work areas including staff rooms, classrooms and dining areas and hand washing should be undertaken as described in national guidance and should be strictly maintained.

Support for BAME school setting employees to manage additional impact of COVID-19

Vitamin D supplements

Although there is no evidence to suggest that Vitamin D gives specific protection against COVID-19 or prevents complications associated with the virus, low levels of Vitamin D may predispose to severe infection. Staff should be encouraged to have their Vitamin D levels tested, especially BAME staff members. Line managers should meet to discuss ways of making this advice available to staff, especially BAME staff as a priority, as they may be overrepresented in those with low levels of Vitamin D.

BAME staff engagement

Engagement with BAME employees should be a priority, including any staff networks, committees, union and other representative groups that should be invited to Q&A and other engagement events with senior staff. This can ensure the BAME voice is heard by leaders. Staff forums can be useful mediums to initiate debate. It is vital to discuss this issue in all mainstream staff side forums and not just with BAME colleagues. These issues are not just BAME issues but have relevance to all staff and to the whole organisation.

Psychological safety

Staff will need reminders of avenues available to speak out about issues such as poor access to equipment, bullying, and other issues, with an aim to reduce fear of raising concerns and ensuring there is a safe space to do so.

The risk assessment process

The risk assessment tool (below) is a means of structuring the assessment conversation and plan.

Risk assessment tool for staff during the COVID-19 pandemic

Guidance notes:

1. The tool is intended to provide structure to a one to one conversation with a staff member to seek a pragmatic and safe working arrangement – it should be conducted within a "done with", co-production approach with the staff member, and not a "done to" approach. This means that the staff should see the risk assessment document and paperwork before the one to one conversation.
2. We anticipate that through this process we will reach good, workable solutions to most issues, but where this is not possible, together, we will seek appropriate advice
3. The risk assessment can be used in conjunction with but not replace occupational health assessments of pre-existing disabilities
4. It is recommended that the risk assessment is completed by a line manager and co-signed by the member of staff – an exchange of emails will suffice as evidence
5. The risk assessment should be a rolling programme – and should be done again at least every time any family or household member is required to self-isolate, and the staff member should be told with clarity as to what happens immediately

Acknowledgements: This risk assessment is based on the advice found in the BAMEd recommendations to schools. The Trust recognises that this is a fast-developing area and the agreements established through this risk assessment may be subject to rapid change.

General information			
Staff member's name(s)		Job title	
Line manager		Manager's job title	
Work location		Working hours	
Date of assessment		Review date	
1. Is member of staff in clinically extremely vulnerable group or living with someone who is extremely?		**YES / NO**	**Action:** Work from home.
2. ***(if 1 is 'no')*** Is member of staff in clinically vulnerable group?		**YES / NO**	**Action:** Work from home if at all possible and only in school if strict social distancing can be maintained

3. ***(If 1 and 2 are both 'no')*** Is member of staff in BAME group?	**YES / NO**	**Which group?**
4. Does the member of staff believe they have an underlying condition that they believe may place them in vulnerable group?	**YES / NO**	**Action:** Strongly recommend member of staff seeks medical advice
5. Does the member of staff have specific concerns about working conditions?	**YES / NO**	**Action:** Complete mitigation plan

6. Nature of role	**Enter description here:**

Concern	**Mitigation plan (see strategies below)**

Possible strategies	Note
Can this work be done at home?	It remains government advice that where people can work from home they should work from home. This should be facilitated wherever it is possible to do so as part of social distancing measures generally.

Could alternative work be undertaken at home or elsewhere across the school/trust (redeployment)?	As above.
Can face to face interactions be limited?	Think about orientation of work spaces, proximity to open windows. Support member of staff in reorganising work space as is required.
Have arrangements been made for remote working?	
PPE	This only applies to those circumstances highlighted by DfE in guidelines. Wearing face coverings may offer some comfort but any decision to do so must be reviewed weekly and the member of staff must provide a risk assessment as to how they will manage their own face mask to manage both their own well-being and the well-being of others. As a general principle this should be discouraged as we are not using PPE in a clinical setting and parallels are not helpful. Face coverings would be inappropriate for use with hearing impaired children and staff or those with social and emotional needs.
Access to swab testing and prioritising at-risk groups and their family members	The Trust will commission additional swab tests for BAME members of staff where this is required.
Has the individual had any sickness in the past linked to their health condition?	Member of staff directed to seek medical advice to determine if they should be re-classified as clinically vulnerable.
Has the individual had a Vitamin D test showing deficiency?	BAME staff to be encouraged to seek medical advice. The Trust will not issue medical advice at any time.
regular contact/wellbeing?	A mechanism to establish ongoing communication should be established through which the member of staff can raise concerns swiftly.

Individual's signature (can be electronic signature of reference to email confirmation)	Date signed
Print name	

Line manager's signature (can be electronic signature of reference to email confirmation)	Line manager's job title
Print name	