**Covid-19s Individual Health Assessment Tool for Managers.**

Managers are advised to ask all their direct reports whether they feel they may be at higher risk of suffering adversely from COVID-19 and to also check-in about their general wellbeing.

Only if your staff member does feel at greater risk do you need to work through this tool to have a conversation around their possible risk factors. Help is available from your HR Business Partner to support you with this assessment if required.

Also outlined is some guidance to support checking-in on your team member’s wellbeing.

A check list to support your conversation can be found on the [Covid-19 individual health assessment tool for managers web page.](Covid-19%20individual%20health%20assessment%20tool%20for%20managers)

**Background**

The purpose of this guidance is to ensure a consistent approach across UCL for managing the risks to staff identified as being potentially at higher risk of suffering adversely from COVID-19.

Following identification of risks, it is critical to determine what interventions can be put in place to mitigate and manage these risks, ensuring that the necessary support is given to staff as they return to campus.

Public Health England (PHE) have now published their review of the disparities in the risk and outcomes of COVID-19. This shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. This found that:

‘*This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).*

*An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.’*

*Public Health England (2020)*

[Read the full report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf).

This individual assessment tool has been developed to support the assessment of staff risk and inform decisions making about additional measures where necessary. The risks to staff with underlying health conditions and in pregnancy are well known and evidence also suggests that the impact may also be higher among men and those in the higher age brackets. This tool brings together all these factors in one assessment tool.

This questionnaire is designed to be completed by a line manager or supervisor after the general COVID-19 workplace risk assessment (available on RiskNET) has been completed for your department. It is based on current Public Heath England advice at the time of publication and will be updated as government advice changes by the Workplace Health team.

This tool is intended to supplement general assessment and to help you with

* supporting your staff by being aware of any increased risks they have from exposure to COVID-19 and creating a plan to mitigate for those risks.
* reassuring concerned staff who are not at increased risk
* identifying those individuals who may require additional control measures to support a reduction in the risk of contracting COVID-19 when there is a higher risk of poor health outcomes

You should undertake an [Equality Impact Assessment](https://www.ucl.ac.uk/human-resources/equality-analysis-guidance) if you are implementing changes to local practices or are considering doing so.

Government advice on vulnerable workers and shielding should be followed and every effort made to encourage all staff to disclose any medical conditions that may compromise their health if they are happy to do so.

Undertaking a robust risk assessment by the completion of this risk assessment tool will enable mitigating factors and additional support to be explored.

**Maintaining confidentiality and seeking permission for onward referral**

If it’s apparent through your discussions that further support from UCL Workplace Health (UCL’s occupational health and wellbeing service), Care first (our Employee Assistance Programme partner) or other support such as a Mental Health First Aiders (MHFA), is considered as being beneficial, refer to the appropriate team. You must discuss with your employee what information you wish to share and obtain their consent for you to do so. If the employee does not wish to be referred you should contact you HR Business Partner for further advice.

For most people, formal referral to Workplace Health (WH) will *not* be required and manager and staff member will be able to manage risks locally using publically available information from the [NHS](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/) on general risk factors and [Public Health England](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#parents-and-schools-with-clinically-extremely-vulnerable-children) guidance on vulnerable and extremely vulnerable people. However, if a formal referral to WH is considered necessary, for example a health issue that is particularly complex, please refer using the [management referral](https://www.ucl.ac.uk/human-resources/health-wellbeing/workplace-health/what-we-do) process. This has been updated to support referral during the pandemic.

**Looking after yourself**

How you manage and what you do, will make a huge difference to your team and their continued response to the COVID-19 pandemic. Use all the resources available to you to ensure you are able to signpost your staff to all staff information and support. Colleagues across UCL have been working very hard to make sure that polices and guidance are in place. You can access the latest information on the [Keeping Safe on Campus](https://www.ucl.ac.uk/coronavirus/keeping-safe-campus) and the [Keeping Our Community Safe](https://www.ucl.ac.uk/coronavirus/keeping-safe-campus/keeping-our-community-safe) websites.

**Having a conversation with your staff member.**

It is important that you give staff an opportunity to express how they feel about returning to work on campus after such a long period of remote working or furlough. Some people will have had a very difficult time since lockdown began, and may have experienced bereavements, difficult home working environments, relationship issues, financial worries and many other issues that might have had a negative impact on their wellbeing.

Please bear in mind that a disproportionate number of BAME staff will have been impacted for reasons related to socio-economic standing and cultural norms (poorer health outcomes from COVID-19, bereavement, multigenerational households and financial concerns and for Black staff, anxiety about more overt racism and the current protests around Black Lives Matter; those with disabilities or mental health issues (though not all disabled people will have vulnerability to COVID-19), parents (particularly single parents) and those with specific caring responsibilities.

Conversations with your team and individuals within your team are often more difficult in these times where issues can be thorny and planning forward can be fraught with uncertainties and unknowns

Below are some ‘conversation starters’ you might wish to use to help you have a discussion with your staff member. It is recommended that you check that they are in a space where they are able to talk freely and openly about the challenges they may have faced.

* How have you been feeling since lockdown began?
* What are you home circumstances like?
* How are you feeling about the prospect of returning to work on campus?
* Do you think it is safe to return to work on campus?
* Do you know who to talk with if any problems crop up?
* What parts of your job do you think you will find difficult and what can we change to help overcome the difficulties?

In planning for the conversation, be mindful:

* Personal and professional responsibilities and concerns carry equal weight.
* Anxieties around protecting ourselves and our families are heightened.
* Talking about the issues can help.
* Staff members will appreciate acknowledgement of their anxieties.
* No one is expecting us to have all the answers.

**Wellbeing**

It may also help to encourage your people to consider the following self check in for mental health and wellbeing:

‘It is important that we all take a few moments to check in on our health and wellbeing. We should take the time to think about the following four questions. Knowing our normal responses to these will help us to gauge where we need to place our attention. If we normally sleep well, and through reflecting on our mental health and wellbeing we recognise that it has not been as good as it was, then we can act.

* How do I feel physically? How much energy do I have?
* How is my mood today? What emotions am I feeling?
* Am I drinking enough water? Eating a balanced diet? Getting enough sleep? Have I exercised today?
* How are my thoughts making me feel and behave?

You will find resources to support you and your mental health and wellbeing on the UCL [Workplace Health](https://www.ucl.ac.uk/human-resources/workplace-health) website. [Remote, not distant](https://www.ucl.ac.uk/human-resources/covid-19-support/remote-not-distant-ucl) website has a collection of on-line resources aimed at supporting us in these challenging times. Have a look at the self-care section which has hints and tip on supporting wellbeing’

**Risk Assessment**

The risk assessment tool aims to holistically assess individual staff risk to safeguard employees at most risk of adverse or serious reactions to COVID-19 based on the emerging data and available evidence.

Managers should listen carefully to staff concerns and provide support and consider reasonable adjustments or redeployment for any staff who are identified as being at greater risk.

Adjustments to mitigate any risks identified may include:

* Remote working if possible.
* Moving to a lower-risk role (for example where social distancing can be easily maintained)
* Avoiding public transport, especially at peak times.
* Altering hours and workload

The questions below are directed at your staff member. They are designed so that details about any medical condition they may have do not have to given if the staff member would prefer not to.

If your staff member would prefer to have the conversation confidentially and not with their manager, then please contact Workplace Health for advice.

We suggest you make a note of their responses for your records, considering UCL’s Legal Service’s [Personal Data Overview](https://www.ucl.ac.uk/data-protection/guidance-staff-students-and-researchers/practical-data-protection-guidance-notices/personal-data) when doing so. Please ensure that personal data is stored securely on the personal file on EDRM.

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| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| 1. | Are you male?  We ask this question as men are at slightly increased risk compared to women of a more severe disease if they develop COVID-19. This risk is increased if there are other factors present such as age, ethnicity (BAME men are at greater risk) or relevant medical conditions. |  |  |
| 2. | Are you over the age of 70?  We ask this because there is an increased risk from coronavirus to older people. The Office for National Statistics report that by 29 May more than 46,000 people had died from COVID-19 in England and Wales, and that more than 4 in 5 of those people were aged 70 or over. |  |  |
| 3. | Do you have any underlying health conditions such as:  *(tick Yes if any apply - you do not have to specify which it is)*  The Government are advising those who are at increased risk of severe illness from COVID-19 to be particular stringent in following social distancing measures. This group includes those who are diagnosed with the following:   * Chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis * Chronic heart disease, such as heart failure * Chronic kidney disease * Chronic liver disease, such as hepatitis * Chronic Neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy * Diabetes * Spleen problems – for example, sickle cell disease or removed spleen * A weakened immune system as a result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy * Being seriously overweight (a body mass index (BMI) or 40 or above) |  |  |
| 4. | Do you consider yourself to be Black, Asian or of minority ethnic origin (BAME)?  Emerging evidence suggests there are three key characteristics that can affect vulnerability and risk. These are Age, Gender and Ethnicity. Older people, men, and people from BAME communities seem to be at greater risk from COVID-19. The causes of these increased risk factors are not yet fully understood, and further research is taking place. In the meantime, it is vital that we respond quickly to what the evidence is telling us. |  |  |
| 5. | Are you 28 weeks pregnant or more; do you have any underlying health issues?  There's no evidence that pregnant women are more likely to get seriously ill from coronavirus but are included as a precaution. This is because pregnant women can sometimes be more at risk from viruses like flu.The advice from the CMO has changed over the recent weeks. It recommends that if you are in your first or second trimester (less than 28 weeks’ pregnant), with no underlying health conditions, you should practise [social distancing](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing) but can choose to continue to work even in a public-facing role, provided the necessary precautions are taken. If you are in your third trimester (more than 28 weeks’ pregnant), or have an underlying health condition – such as heart or lung disease – you should work from home where possible. |  |  |
| 6. | Have you been previously advised to shield either by letter or by your treating doctors because you are extremely vulnerable?  This will include individuals with cancer or recent/current cancer treatments, organ or stem cell recipients, severe heart or lung disease and conditions or medications that make them highly vulnerable to catching infections. [View PHE guidance](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). |  |  |
| 7. | Are you living with or have specific caring responsibilities for someone who has been advised to shield? |  |  |

**Risk assessment outcome:**

**Tier 1:** If the answer is “No” to all questions or “Yes” to question 1 only: this indicates standard/low risk and routine workplace risk management measures as identified in the general covid-19 workplace risk assessment would be sufficient.

**Tier 2:** If the answer is “Yes” to any one of the questions 2-5: there is a potentially increased risk of significant illness with COVID-19 Please discuss this with your staff member and see what you can agree locally to manage the risks that have been identified. This could be making adjustments to where the work in undertaken, the hours worked, or the tasks they are required to undertake as part of their role If you feel that you would like advice on mitigating for these risks because the case is particularly complex , or your employee would prefer to discuss their health concerns in confidence with Workplace Health (UCL’s occupational health and wellbeing team), please refer following the [management referral process](https://www.ucl.ac.uk/human-resources/health-wellbeing/workplace-health/what-we-do/manager-referrals-workplace-health).

**Tier 3**: If the answer is “Yes” to questions 6: there are no workplace measures that would adequately mitigate risk and thus these employees are advised to work from home until further public health guidance is available. As yet there is no timeframe for when this might change.

Workplace Health is monitoring updates form Public Health England on a regular basis and any changes to guidance will be shared in UCL’s daily briefings.

**If an individual in the Tier 3 category believes they are fit to work or wishes to work, please refer them to Workplace Health as for Tier 2.**

**Tier 4:** If the answer to question 7 is “Yes”, please follow UCL employment policy which advises remote working for this group. There is no requirement for a referral to Workplace Health unless the employee also falls into Tier 2 or 3.

To make a management referral follow the UCL manager [referral to Workplace Health](https://www.ucl.ac.uk/human-resources/health-wellbeing/workplace-health/what-we-do) process. Managers may also seek support in having difficult conversations from Care first, our Employee Assistance provider or your HR Business Partner.