|  |  |
| --- | --- |
| **Returning to work Occupational Risk Assessment (version 2)** | C:\Users\9081794\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\46490378.tmp |

**Version 2**

This is an **updated** version of the guidance that was first issued on 27 July. The guidance has been developed as best practice on risk assessment for COVID-19, as an easy to follow tool.

The Scottish Government has reviewed the risk assessment tool and has made some changes to reflect the latest clinical advice on COVID-19, given that risk associated with certain conditions vary with age.

This means that some staff may wish to use the updated version of the tool to determine whether or not their occupational health risk from COVID-19 has changed. Line-managers should support staff to do this.

It is important to note that this tool **does not** replace clinical evidence from a GP or medical specialist, where staff have a serious or complex medical condition or Occupational Health Services advice where it has been provided.

**Returning to work**

Returning to work after the national COVID 19 lockdown can be daunting. Even more so if a colleague has been shielding or has a vulnerability to COVID 19 that causes them real concern. It is essential that managers recognise these concerns and have a constructive, supportive, conversation with their colleague about how they can be enabled to return to work safely.

To assist managers, a risk assessment process, in relation to the specific risk of COVID-19 to individuals in the workplace, has been developed by the Association of Local Authority Medical Advisors ([ALAMA](https://alama.org.uk/covid-19-medical-risk-assessment/)) and published by the Scottish Government. It is based on current science and collected statistical data.

Risk is a combination of the possible consequences of a specific hazard and the likelihood of this consequence occurring. When considering occupational risk from COVID-19, there are three things which affect the occupational health risk from COVID-19 in priority order:

1. **Prevalence of COVID-19 in Scotland: the amount of COVID-19 circulating in Scotland**
2. **Workplace considerations to protect staff from COVID-19**
3. **Personal characteristics that affect outcome from COVID-19**

This COVID-19 Occupational Risk Assessment tool is a combination of the possible consequences of a specific hazard and the likelihood of this consequence occurring. When considering occupational risk from COVID-19, there are two overall considerations:

1. **The chances of contracting COVID-19 at your workplace**
2. **The potential harm that COVID-19 may cause to an individual**

This tool should be used in conjunction with the COVID 9 Occupational Risk Assessment Guidance [Link](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/) (easy read version [Link](file:///\\c-cap-nas-02\home$\9081794\Documents\risk%20assessment%20guidance)) and will help managers and colleagues assess their vulnerability from COVID-19. Managers should complete the individual risk assessment with their colleagues, to identify their individual level of vulnerability. This outcome, in combination with the outcome of a workplace risk assessment**[[1]](#footnote-1)** completed by the manager (which should already be in place), should be the basis of a discussion between the manager and colleague. The aim is for an agreement to be reached on how they can work safely.

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## **Conducting the risk assessment**

### **About the risk assessment tool**

This risk assessment tool is based on published evidence for the main risk factors. Age was chosen as the basis for the tool because the evidence shows that age is the greatest risk factor for death from COVID-19; for example, a healthy person aged 60 has a 1% chance of dying and an 80 year old has about a 6% of dying if they contract COVID-19.

### **What is COVID-age?**

COVID-age summarises vulnerability for combinations of risk factors including age, sex and ethnicity and various health problems. It works by ‘translating’ the risk associated with each risk factor into years which are added to (or subtracted from) an individual’s actual age. This then gives a single overall measure of vulnerability. It can be used in people with no underlying medical conditions or multiple medical conditions. One measure combines all of an individual’s risk factors with their actual age.

The tool is based on the COVID-age concept developed by ALAMA, following statistical analysis of over 17 million patient records. It is recognised that there will be some limitations, particularly with some significant health conditions, that the tool will not address. In these situations, we have signposted to appropriate support and this tool does not replace clinical judgement on an individual’s vulnerability. The risk factors are under constant review as more data becomes available. (More information on COVID-age, including access to the full methodology used, is available from ALAMA [[LINK](https://alama.org.uk/covid-19-medical-risk-assessment/)].

### **How to use the risk assessment tool**

On page three you will find a table:

1. **Start by completing the staff member’s name, date of birth, age, role and place/address of work.**
2. **Select the correct Column to use depending on the current age of the employee being assessed**
3. **Go through the ‘COVID-age factors’ to identify what risk factors they have**
4. **Each of these factors has been assigned a number; calculate the total number to add (or subtract) based on these factors**
5. **Add or subtract the number calculated in step three to their age; this will give their ‘COVID-age’**

Having worked out the staff member’s COVID-age, review Table 1 on page 5. Depending on their COVID-age, this table indicates the average vulnerability in the population and will allow individual staff members to use their COVID-age to make an assessment of their own level of vulnerability.

Using this assessment of vulnerability, managers should have a constructive conversation with the colleague about how they can be enabled to work safely, and this can be recorded in the space provided. Where an agreement cannot be reached, additional input or an occupational health referral may be required.

There are overlaps in the COVID-age risk levels. This is because there is no unsafe cut off and COVID-age is a statistical value, not an absolute risk. The most important part of the assessment process is the constructive conversation between employer and individual staff member to come to a joint agreement on their situation, seeking further guidance if required.

### **Further assistance**

If further assistance is needed - the staff member and manager are unable to come to an agreement on working duties or there is uncertainty about the impact of the staff member’s health condition, managers can contact HR for advice and guidance. If HR considers it necessary, they may advise the manager to make an Occupational health (or GP/other medical specialist) referral (PAM Assist), consult Corporate Health and Safety or consult Health Protection Scotland and or other Infection Control Specialist/Team.

Other assistance sources:

* Trade Union Safety Representative, Representative of Employee Safety or other appropriate Professional Organisation
* Advisory, Conciliation and Arbitration Service (ACAS)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Colleague:** |  |  |  | **Date of Birth:** |  |
|  |  |  |  |  |  |
| **Job Role:** |  |  |  | **Age:** |  |
|  |  |  |  |  |  |
| **Place/Address of Work:** |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | Current age group | | | | | |
| **COVID-Age Factors** | | | | **18-29** | **30-39** | **40-49** | **50-59** | **60-69** | **70-75** |
| **Sex** | Male | | | No Change | No Change | No  Change | No Change | No Change | No  Change |
| Female | | | **-5** | **-5** | **-5** | **-5** | **-5** | **-5** |
| **Ethnicity** | Asian or Asian British | | | **+5** | **+5** | **+5** | **+5** | **+5** | **+5** |
| Black | | | **+7** | **+7** | **+7** | **+7** | **+7** | **+7** |
| Mixed | | | **+5** | **+5** | **+5** | **+5** | **+5** | **+5** |
| Other non-White | | | **+4** | **+4** | **+4** | **+4** | **+4** | **+4** |
| White | | | No Change | No Change | No  Change | No Change | No Change | No  Change |
| **Body Mass Index (BMI)**  (BMI Calculator [Link](https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)) | BMI Under **30** | | | No Change | No Change | No  Change | No Change | No Change | No  Change |
| BMI **30 - 35** | | | +7 | +6 | +5 | +4 | +2 | +1 |
| BMI **35 - 40** | | | +18 | +16 | +13 | +10 | +7 | +4 |
| BMI **40+** | | | +24 | +20 | +16 | +12 | +9 | +6 |
| **Respiratory disease** | **Mild asthma**  no requirement for oral corticosteroids in past year | | | +1 | +1 | +1 | +1 | +1 | +1 |
| **Severe asthma**  Requiring oral corticosteroids in past year | | | +15 | +13 | +11 | +8 | +4 | +2 |
| **Chronic respiratory disease** (excluding asthma) | | | +17 | +15 | +13 | +11 | +8 | +6 |
| **Type 1 Diabetes** | * Well controlled | | | +24 | +22 | +20 | +16 | +12 | +9 |
| * Poorly controlled | | | +28 | +26 | +24 | +20 | +16 | +12 |
| **Type 2 Diabetes**  **(and other forms)** | * Well controlled | | | +21 | +19 | +18 | +14 | +10 | +6 |
| * Poorly controlled | | | +22 | +21 | +20 | +16 | +12 | +9 |
| **Heart disease** | Heart failure | | | +25 | +22 | +19 | +16 | +12 | +9 |
| Other chronic heart disease | | | +20 | +17 | +14 | +12 | +7 | +4 |
| High blood pressure | | | +12 | +11 | +9 | +7 | +4 | +1 |
| **Neurological Disease** | Cerebrovascular disease (e.g. stroke / TIA / dementia) | | | +17 | +16 | +15 | +13 | +11 | +9 |
| Other chronic neurological disease\* | | | +22 | +21 | +20 | +18 | +15 | +12 |
| **Chronic kidney disease** | Moderate chronic kidney disease | | | +38 | +30 | +21 | +14 | +9 | +4 |
| Severe / end stage chronic kidney disease | | | +50 | +42 | +33 | +27 | +20 | +16 |
| **Haematological cancer** | Diagnosed less than a year ago | | | +32 | +29 | +27 | +22 | +17 | +13 |
| Diagnosed 1 – 5 years ago | | | +30 | +27 | +23 | +20 | +16 | +12 |
| Diagnosed more than 5 years ago | | | +21 | +19 | +16 | +11 | +8 | +5 |
| **COVID-Age Factors** | | | | **18-29** | **30-39** | **40-49** | **50-59** | **60-69** | **70-75** |
| **Cancer** | Diagnosed less than a year ago | | | +32 | +27 | +22 | +17 | +12 | +8 |
| Diagnosed 1 – 5 years ago | | | +24 | +20 | +16 | +10 | +7 | +3 |
| Diagnosed more than 5 years ago | | | +17 | +14 | +10 | +6 | +2 | No  change |
| **Other conditions** | Liver disease | | | +30 | +25 | +20 | +14 | +9 | +6 |
| Organ transplant | | | +24 | +23 | +21 | +18 | +13 | +9 |
| Spleen dysfunction / splenectomy | | | +13 | +12 | +11 | +8 | +5 | +2 |
| Rheumatoid / lupus / psoriasis | | | +2 | +2 | +2 | +2 | +2 | +2 |
| Other immunosuppressive condition\* | | | +28 | +23 | +18 | +13 | +10 | +6 |
|  | | | |  |  |  |  |  |  |
| Total COVID-age factor ‘years’ to be added/subtracted | | | |  |  |  |  |  |  |
|  | | | |  |  |  |  |  |  |
| Add the COVID-age factor ‘years’ to your own age to arrive at your = COVID-Age | | | |  |  |  |  |  |  |

\* More detailed information on conditions can be found here: [LINK](https://alama.org.uk/covid-19-medical-risk-assessment/)

Additional Notes:

## **Table 1 - Average vulnerability in the population**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your ‘COVID Age’** | **Your Risk** | **Things to think about when getting ready to return to work** | |
| **Very high**  COVID-age  **80 to 85** and above | You’re at very high risk from COVID-19. You should take additional, sensible precautions when leaving your home to minimise your risk of contracting COVID-19 as much as possible. | * Ideally you should work from home and not go into a workplace. * If there is no alternative to attending the workplace, a very detailed personal infection risk assessment should be undertaken, and controls should be implemented. These controls may need to be in excess of the controls used in the workplace for lower COVID-19 vulnerability groups to reflect the level of personal vulnerability * Maintain strict physical distancing. Ensure you can maintain good personal hygiene with low likelihood of coming into contact with objects and surfaces that may transmit COVID-19 * Occupational Health Assessment may be required |
| **High**  COVID-age around  **70 to 85** | You’re at high risk from COVID-19. | * You are OK to attend work. You should maintain strict distancing. If you cannot physically distance, you should keep the risk in your workplace as low as you can by making changes to the type of work you do, where possible, or by wearing personal protective equipment (PPE) * Clinical work, care work and working closely with others (such as sharing a vehicle, using public transport) may be possible, but you should protect yourself by using screens or wearing PPE * If you’re a key worker, you may be asked to accept a higher risk and agree to do so where there’s a good reason |
| **Moderate** COVID-age around  **50 to 70** | You’re much less likely to develop severe disease if COVID-19 infection occurs. | * You can attend work * Clinical work, care work and working closely with others (such as sharing a vehicle, using public transport) may be possible, but you may want to protect yourself by using screens or wearing PPE * A slightly higher risk of infection may be accepted in the workplace, if it’s hard to reduce any risks to you because of the type of work you do. This is because there is much less likelihood of you becoming very ill after getting COVID-19 * This includes clinical work with higher hazard and risk levels, or roles where physical control or restraint is required |
| **Low**  COVID-age below around  **50** | You’re at very low risk from COVID 19 | * Increased risk of infection may be accepted – the likelihood of you becoming very ill from COVID 19 is low. |

|  |  |  |
| --- | --- | --- |
| **Pregnancy** | There’s no current evidence that you or your baby are at any increased risk from COVID-19, unless you have an underlying health condition | * You should keep any risk as low as you can by physically distancing from others and regularly washing your hands. You should also have some choice about whether to attend work, or whether you can change the type of work you do at work to keep risks low. * You can find out more from the Royal College of Obstetricians and Gynaecologists [[Link](https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/)] * You’re advised to try and avoid roles where a degree of risk cannot be avoided, such as clinical work, care work and working closely with others |

**Vulnerability group selected after discussion with colleague**

Tick Box

|  |  |  |
| --- | --- | --- |
| **Vulnerability group selected after discussion with the colleague:** | **Very High** |  |
| **High** |  |
| **Moderate** |  |
| **Low** |  |

|  |
| --- |
| **Agreed course of action, including any control measures needed:** |

**Risk assessment review**

Having agreed plans/actions with your staff member, it is essential the assessment remains valid, suitable and sufficient. Discuss with your staff member appropriate review dates to check on progress. If circumstances with the workplace or individual change then it is important to review at that time.

|  |  |
| --- | --- |
| **1st Review** | Comments/further actions: |
| Agreed Date: |
|  |  |
| **2nd Review** | Comments/further actions: |
| Agreed Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Manager:** |  | | | |
|  |  |  | |  |
| **Signature of Manager:** |  | | **Date:** |  |
|  |  | |  |  |
| **Signature of Colleague:** |  | |  |  |

1. Workplace Risk Assessment – A systematic risk assessment of the work environment considering the risk from COVID 19. Workplace control measures would include current Health Protection Scotland guidance in terms of social distancing, personal and workplace hygiene measures, signage & information, etc. [↑](#footnote-ref-1)