COVID-19 Occupational Risk Assessment Guidance

This guidance explains the risk assessment process in relation to the specific risk of COVID-19 to individuals in the workplace. In particular, this is relevant to those staff members who are returning to work after shielding, those who are returning to normal duties after COVID-19 related restrictions, those who are returning to the workplace after working from home or anyone who has a concern about a particular vulnerability to COVID-19. There are three things which affect the occupational health risk from COVID-19:

• Prevalence of COVID-19 in Scotland
• Workplace considerations to protect staff from COVID-19
• Personal characteristics that affect outcome from COVID-19

Employers should undertake a workplace risk assessment and then support staff to complete an individual risk assessment with their manager using the COVID-19 occupational risk assessment tool. This will support staff and managers to agree a course of action on working duties.

The UK has existing legal framework to make sure that staff are protected whilst at work. Laws are already in place to promote a safe working environment (primarily the Health and Safety at Work Act 1974), to prevent discrimination (Equality Act 2010), and to minimise exposure to risk (such as the Control of Substances Hazardous to Health Regulations 2002 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

This guidance is intended to complement existing occupational risk assessment processes by providing a means of assessing the specific risk of COVID-19 in an occupational context. It does not replace, or exempt employers from their existing legal obligations, but seeks to support employers in meeting those obligations given the new risks presented by COVID-19.

Please continue to follow general and sector-specific advice in relation to COVID-19. This is available at https://www.gov.scot/coronavirus-covid-19/

How to use this guidance

After reading this guidance document, complete a workplace risk assessment and implement measures to reduce the risk of transmission of COVID-19 as much as possible (if not already done so):

• Managers should support staff to use the COVID-19 Occupational Risk Assessment Tool (**Annex A**) to identify the staff member's vulnerability level.
• The manager and staff member should then have a constructive conversation about how work can be enabled safely.
• An agreement should be reached regarding working duties.

Version	Date	Summary of Changes
V1.0	27/07/20	First Publication

Occupational Health Risks of COVID-19

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

- **The risk of the individual contracting COVID-19 at their workplace.** This will depend on factors including community prevalence of COVID-19 and the nature of the working environment, taking account of mitigating measures put in place (e.g. PPE use, physical distancing, infection control).
- **The potential harm that COVID-19 might cause an individual (clinical vulnerability).** This will depend on individual characteristics such as age, gender, ethnicity and underlying health conditions.

The combination of these two considerations gives a good indication of the overall occupational health risk.

The COVID-19 occupational risk assessment tool (see **Annex A**) has been designed to help managers undertake individual risk assessment with members of staff, specifically assessing the new and additional risk that COVID-19 poses if they were to contract the virus. In combination with a workplace risk assessment (which will assess risk of transmission and measures that can be implemented to mitigate this), the tool allows an overall assessment of occupational health risk to an individual.

This should be followed by supportive and constructive discussion between managers and their staff members, with the aim of arriving at an agreed course of action.

Risk of an Individual Contracting COVID-19 at the Workplace

The risk of an individual getting COVID-19 at their workplace is dependent on the prevalence of the virus in the community, the possible exposure to those with COVID-19 in the workplace and the mitigation measures that are in place to prevent transmission.

1. Prevalence of COVID-19 in Scotland

The prevalence of COVID-19 in Scotland will impact greatly on overall risk, irrespective of individual characteristics. The current prevalence of infections in the community has now significantly reduced. The lowering prevalence rate in Scotland means that there is less spread in the community, and therefore less chance of being infected in the workplace. The current prevalence data for Scotland has been used to inform the age ranges for the vulnerability categories in the tool. These will be kept under review and may change if the prevalence increases. More information on the data can be found here: https://www.gov.scot/collections/coronavirus-covid-19-modelling-the-epidemic/

The Scottish Government have put systems in place for the early identification and contact tracing of anyone who is likely to have been infected. Surveillance is a critical part of our approach to risk assessment, and these tools should be applied with reference to local data on prevalence, to make sure that the right strategies are in place to minimise risk.

2. Exposure to COVID-19 in the workplace

It is important that a generic risk assessment of the workplace is undertaken by the manager as the nature of the work and the working environment affects the likelihood of exposure of staff to COVID-19. The workplace risk assessment aims to minimise the risk of transmission of COVID-19 to anyone in the workplace, regardless of their vulnerability to the virus. Guidance to support employers and workers on returning to work safely can be found here: https://covid19.healthyworkinglives.scot/returning-to-work/risk-assessment

Once risk factors for the transmission of COVID-19 infection in the workplace have been identified, implementation of control measures should be considered to reduce this risk. Not all controls will be applicable or practicable in all workplaces.

The Hierarchy of Controls should be used by employers to identify preventative measures to reduce workplace risk as much as reasonably practicable. The control measures are set out below in the order that they should be considered:

I. **Elimination** – is it possible to remove or eliminate the occupational risk altogether? e.g. homeworking

II. **Substitution** – is it possible to alter work activities to reduce exposure? e.g. work in a non-patient/client facing role

III. **Engineering controls** – is there equipment or methods to control the exposure to the risk? e.g. individual workspaces, hygiene measures

IV. **Administrative controls** – are there other procedures to reduce the exposure risk? e.g. maintenance of 2m physical distancing, staggered arrival times and shifts/staggered breaks and lunch, online/remote meetings, clear guidance for workers who have COVID-19 symptoms not to present for work, increasing COVID-19 safety precaution signage

V. **Personal protective equipment (PPE)** – what role-specific PPE is available as per infection prevention and control guidance to further reduce any residual risk not eliminated using the previous measures

Employers should be innovative and put in place a range of measures which keep staff safe. Steps taken to ensure that workplaces are COVID-19 secure are key to ensuring safety and reassuring staff and their managers that it is safe to return to work.

Personal Characteristics that affect outcome from COVID-19

The latest evidence shows that age, sex, ethnicity and BMI, in addition to underlying health conditions, all contribute to an individual's risk of developing severe illness if they contract COVID-19. This is described as their 'vulnerability'. The tool we endorse for use works by "translating" the level of risk associated with each risk factor into years which are added to (or subtracted from) an individual's actual age.

The tool is based on the COVID-age concept developed by ALAMA, following statistical analysis of 17 million records from the OpenSAFELY (OS) collaborative. 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 should 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 at: https://alama.org.uk/covid-19-medical-risk-assessment/.

We recommend the use of this tool, because the evidence shows that age is the greatest risk factor for death from COVID-19; for example, in comparison with a healthy person aged 20, a healthy person aged 60 has more than 30 times the risk of dying if they contract COVID-19.

The tool gives an overall assessment of an individual's vulnerability to COVID-19, and can be used by all staff. Managers should support staff in confidence to complete the tool to identify the staff member's own level of vulnerability (low, moderate, high or very high). If a staff member does not feel comfortable disclosing personal characteristics with their manager, a constructive conversation can still take place having assessed their own level of vulnerability. The tool also provides specific information for pregnant workers.

Outcomes and Actions

The most important part of the process is the conversation that takes places between the manager and the member of staff. This supportive and constructive dialogue should take into account the workplace risks and control measures that have, or can be, put into place and come to an agreed course of action regarding their working duties.

For many staff, no change to their current working arrangements will be required as appropriate controls are already in place proportional to the level of vulnerability. However, for some there may be significant change with a move from shielding, or working from home, to a return to an occupational setting. Further discussion between managers and staff will be required to agree how a member of staff will return to work and what support measures are available. Existing return to work frameworks should be used to assist with this process.

If the staff member and their manager are unable to come to an agreement on the working duties, or there is uncertainty about the impact of the staff member's health condition, then we would advise seeking additional input, to help reach an agreed course of action. Further assistance could be sought from:

• GP or medical specialist
• Infection Prevention Control Teams
• Health and Safety Professionals
• Human Resources
• Trade Union Representative or Professional Organisation
• Health Protection Scotland
• Advisory, Conciliation and Arbitration Service (ACAS)

For those in the very high vulnerability group, or if there is a health issue and no agreement can be reached between manager and staff member, an onward referral by the manager to the employer's OH service (or GP if not available) should be made. By having a more detailed discussion on the risks, it should be possible for staff members to reach an agreed course of action with their manager.

Referral to OH services is still encouraged, but it is expected that this will only be for complex cases. More advanced clinical risk stratification tools can be used by OH / medical professionals to help inform discussions about the risk posed by COVID-19. Other assistance can be sought from the services listed above.

Employers cannot expect staff members to return to work if it is not as safe as reasonably practicable. There is a duty on employers, HR, OH professionals, and staff members to understand how to make the workplace as safe as possible, their role in that process, and the need to be involved to work together in making those decisions. If an agreement cannot be reached despite additional input, this should be resolved using the processes that are already in place to deal with such disputes.

Support and Advice

Decisions about return to work should occur in a non-discriminatory way. Managers should ensure that staff have access to the right information and support to come to an agreed view of the level of risk, and the decision to return to work, if this is what is agreed. Staff members are not required to disclose medical details to their managers.

Managers should have sensitive, supportive conversations with staff that consider their health, safety, physical and psychological wellbeing, as well as personal views/concerns about risks. Wellbeing support services should also be promoted to staff.

We have included some useful resources to help with this collaborative process:

Returning to Work Additional Support

- https://www.healthyworkinglives.scot/workplace-guidance/covid-19-return-to-work-toolkit/Pages/covid-19-return-to-work-toolkit.aspx.
- https://www.som.org.uk/return-to-work/
- https://www.acas.org.uk/working-safely-coronavirus/returning-to-the-workplace

General Information

- General information on COVID-19 free helpline on **0800 028 2816** (NHS 24).
  The helpline is open from 8.00am to 10.00pm each day.
- https://www.promis.scot/
- https://www.healthyworkinglives.scot/workplace-guidance/illness-absence/Pages/ill-health-and-absence.aspx

Annex A
COVID-19 Occupational Risk Assessment Tool

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 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-19 Occupational Risk Assessment Guidance and will help staff assess their vulnerability from COVID-19. Staff members should complete the individual risk assessment with their manager, to identify their individual level of vulnerability. This outcome, in combination with the outcome of a workplace risk assessment completed by the manager, should be the basis of a discussion between the member of staff and their manager. The aim is for an agreement to be reached on how they can work safely.

About the risk assessment tool

The 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 age is the greatest risk factor for death from COVID-19; for example, in comparison with a healthy person aged 20, a healthy person aged 60 has more than 30 times the risk of dying if they contract COVID-19. More information can be found at: https://alama.org.uk/covid-19-medical-risk-assessment/

How to use the risk assessment tool

On page 2 you will find a table:

1. Start by completing the staff member's name, role and age
2. Go through the 'COVID-age factors' to identify what risk factors they have
3. Each of these factors has been assigned a number; calculate the total number to add (or subtract) based on these factors
4. 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, the table on page 4 should be reviewed. This is an assessment of the average vulnerability in the population and will allow their COVID-age to be used to make an assessment of their level of vulnerability.

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

Further assistance

- Occupational health referral made by manager (where available)
- GP or medical specialist by the staff member (managers should not liaise directly)
- Infection Prevention Control Team
- Health and Safety Professionals
- Advisory, Conciliation and Arbitration Service (ACAS)
- Human Resources
- Trade Union Representative or Professional Organisation
- Health Protection Scotland

Name:		Age (only use if 18 years or older)	
Job role:			

COVID-age factors*			
Sex:	Male	No change	
	Female	- 5	
Ethnicity:	Asian or Asian British	+ 4	
	Black	+ 5	
	Mixed	+ 3	
	Other non-white	+ 3	
	White	No change	
BMI: (Calculator: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)	Under 30	No change	
	30 – 34.9	+ 3	
	35 – 39.9	+ 5	
	40+	+ 9	
Respiratory disease	Mild asthma • no requirement for oral corticosteroids in past year	+ 1	
	Severe asthma • requiring oral corticosteroids in past year	+ 3	
	Chronic respiratory disease (excluding asthma)	+ 6	
Type 1 Diabetes	Well controlled	+ 7	
	Poorly controlled	+ 12	
Type 2 Diabetes (and other forms)	Well controlled	+ 4	
	Poorly controlled	+ 8	
Heart disease	Heart failure	+ 8	
	Other chronic heart disease	+ 3	
High blood pressure (according to actual age)	Age 20 – 40	+ 11	
	Age 41 – 60	+ 8	
	Age 61 – 74	+3	
	Age 75 +	No change	
Neurological disease	Cerebrovascular disease (e.g. stroke / TIA / dementia)	+ 8	
	Other chronic neurological disease*	+ 9	
Chronic kidney disease	Mild or moderate chronic kidney disease	+ 4	
	Severe / end-stage chronic kidney disease	+ 13	

Haematological cancer	Diagnosed less than a year ago	+ 10	
	Diagnosed 1 – 5 years ago	+ 9	
	Diagnosed > 5 years ago	+ 5	
Cancer	Diagnosed less than a year ago	+ 5	
	Diagnosed 1 – 5 years ago	+ 2	
	Diagnosed > 5 years ago	No change	
Other conditions	Liver disease	+ 6	
	Organ transplant	**Seek advice from your transplant team**	
	Spleen dysfunction / splenectomy	+ 3	
	Rheumatoid / lupus / psoriasis	+ 2	
	Other immunosuppressive condition*	+ 6	
Total COVID age factor 'years' to be added/subtracted			

Add the COVID age factor 'years' to your own age =>	**'COVID-age'**	

* More detailed information on conditions can be found here:
  https://alama.org.uk/covid-19-medical-risk-assessment/

Additional Notes:

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 must take great care when leaving your home, making careful choices about what you do.	• Ideally you should work from home and not go into a workplace. • If you do go into work, your employer should try to make the risk of being at work no greater than the risk within your own home. • 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 physical 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 teaching, sharing a vehicle, using public transport) may be possible, but you should protect yourself by wearing a face covering, using screens or wearing PPE. • If you're a key worker, you may be asked to accept a higher risk where there's a good reason. After discussion you may agree to accept this risk.
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 teaching, sharing a vehicle, using public transport) may be possible, but you may want to protect yourself by wearing a face covering, 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. • 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 the worker:		
	Very high	☐
	High	☐
	Moderate	☐
	Low	☐

Agreed course of action, including any control measures needed:

Name of manager:		Signature of manager:	
Date of assessment:		Signature of staff member:	