UNIVERSITY OF Southampton

Health & Safety Guidance

COVID-19 Risk Factors (Vulnerability) **Date: November 2020**

BACKGROUND

This document includes but is not limited to the following guidance:

- PHE, 'Disparities in the Risk and Outcomes of COVID-19': file://filestore.soton.ac.uk/users/cd11g15/mydocuments/2.%20BUSINESS%20CONTINUITY/PHE%20Guidance/disparities_review.pdf

- NHS, 'Who's at higher risk from coronavirus': https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/

- ALAMA 'COVID-19 Medical Risk Assessment': https://alama.org.uk/covid-19-medical-risk-assessment/

- Office for National Statistics 'Coronavirus related deaths by ethnic gorup

RISK FACTORS

Although anyone can contract COVID-19 there are a number of factors which may increase the risk of someone becoming seriously ill as a consequence of getting it and thus make them more vulnerable. These factors include age, health, gender, ethnicity and socio-economic background.

Age
The biggest single risk factor is age which noticeably rises over each decade beyond 40 years old. Data provided by PHE Guidance up to 13th May 2020 indicates that the largest number of patients who ended up in critical care due to COVD-19 in England were aged between 50 and 70. The data also showed that those in their 70's were at much higher risk than those in their 60's and those in their 60's were at higher risk than those in their 50's etc.

Health (comorbidities)
The presence of existing and chronic health conditions can increase vulnerability especially when combined with age, gender and ethnicity. According to the NHS COVID-19 site the risk increases for those who fall into certain health groups.

Clinically Extremely Vulnerable – those at high risk, initially advised to shield and provided with a letter to do so. It includes those who have had or having:

- an organ transplant
- cancer treatments such as chemotherapy or other targeted treatment that can affect the immune system
- blood or bone marrow cancer
- severe lung condition (cystic fibrosis, severe asthma or severe COPD)
- at high risk of getting infections (such as SCID or sickle cell)

- taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- serious heart condition and are pregnant

Clinically Vulnerable – those at moderate risk who are or have:
- a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- heart disease (such as heart failure)
- diabetes
- chronic kidney or liver disease
- a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- a condition that means they have a high risk of getting infections
- take medicine that can affect the immune system (such as low doses of steroids)
- obese (a BMI of 40 or above)
- pregnant – see advice about pregnancy and coronavirus

Gender
Data from the PHE document on disparities identifies that males are more vulnerable to develop serious illness from COVID-19 than females although it isn't known why. This was first identified when the outbreak was analysed for trends in Wuhan, China and has since been confirmed by the Office for National Statistics in the UK in respect of UK patients.

Ethnicity
Those from Black, Asian and Minority Ethnic (BAME) groups have been identified as having a higher risk factor than those of similar age and health condition who are white British. Data provided by PHE suggest the highest risk group are those of Black ethnicity who have been disproportionately affected by COVID-19 compared to other ethnic groups of the same age, gender etc.

Socio-Economic Background
The mortality rates from COVID-19 up until 13th May 2020 show that those from the more deprived areas of the UK were more than double than those from the least deprived areas, in respect of both males and females.

RISK MANAGEMENT

Risk assessment – The purpose of the risk assessment is to identify those who are vulnerable to a more severe illness from COVID-19 so that additional mitigation can be implemented.

It should be recognised that:
- Every person's circumstances will be different in terms of age, clinical condition, gender, ethnicity, type of role at the University etc, so there is no 'one size fits all' solution or any simple formula for working out the risk.
- This type of risk assessment can be challenging to complete and quite time consuming because you're dealing with what can be very sensitive and personal matters.
- The process of undertaking the assessment is very important. It needs to be done in confidence, in liaison with the employee and with an open mind. Listen to what the employee says about their own health, how it makes them feel, how it might limit what they can do safely and how it might impact their mental health.
- The best way to avoid getting COVID-19 is social distancing, avoiding face to face contact with others and frequent hand washing. All mitigating controls will be focused on trying to do one of these three things.

Clinically Extremely Vulnerable - Since early November 2020 the University has been subject to more restricted measures as part of a country wide lockdown. This has resulted in government advice that those in the Clinically Extremely Vulnerable group should stay at

home. Those who fit this criteria will have been sent a letter or email from their GP. As such for the period until 2nd December those identified as CEV should not be working on campus regardless of any other factors they may or may not have.

Age - As age is the most significant risk factor it makes sense that this forms the starting point for any risk assessment.

- Over 70 but not CEV: They are automatically considered to be Clinically Vulnerable so should be enabled to work from home where at all possible. If it is not possible for them to work from home, they will require a comprehensive personal risk assessment and stringent controls in place to enable them to work on site. There may however be a minority of cases where it is not possible to mitigate the risk sufficiently through controls and these people will therefore need to stay at home with reallocated tasks which can be done remotely.
- 50-70 with underlying conditions but who are not CEV: They should be encouraged to work from home as much as possible but where they cannot do so then this should not prevent them from returning to campus.
- 50-70 with no underlying conditions: Those who are fit and keen to return should be enabled to do so.

In all such cases a person specific risk assessment will need to be completed and additional mitigation required to provide a working environment which is as safe as reasonably possible.

Gender/Ethnicity – Data from Public Health England and Office for National Statistics suggests that gender, ethnicity and weight can have an impact on personal risk. These are relatively low when compared with age and health but should be taken into consideration if someone has already identified as vulnerable due to age or health.

Additional Guidance - All risk factors are cumulative so need to be added to the baseline risk of age. A medical risk assessment developed by ALAMA (Association of Local Authority Medical Advisors) are being used by Occupational Health practitioners to determine personal risk. These practitioners use their medical expertise and training to interpret the guidance which affords points based on the risk factors identified above. For most workplace environments at the University this level of detail is not necessary because the over-riding principle as borne out in government guidance is that if people can work from home then they should continue to do so. For those who can't or for those who need to return to site, prevention is always better than post mitigation, so controls which protect the majority are a good starting point.

Risk Mitigation - Some mitigation is already in place for the safety of everyone: This includes:

- Social distancing
  - 2 metres social distancing wherever possible
  - 1 metre social distancing plus the use of screens where 2 metres is more challenging to achieve
  - Use of face coverings indoors in areas of high footfall or where social distancing cannot be implemented
  - Mechanical or fresh air ventilation
- Avoidance of face to face contact
  - One-way systems and wayfinding through buildings
  - Classroom and office layouts to ensure people are not facing directly at each other
  - Separate entrance and exit
- Frequent personal hygiene
  - Hygiene stations

- Wipes
- Bathroom and kitchen facilities
- Face coverings
- Cleaning regime after every teaching changeover period and in areas of high footfall

Additional mitigation might include:

- Minimum 2 metres social distancing
- Reduced need for on campus presence
- Physical separation from others either by way of additional barriers or separate working spaces to ensure social distancing is maintained
- Use of outdoor space
- Flexibility to carry out role which does not involve face to face work i.e. teaching at right angles or from the back of the room
- Use of technology to restrict face to face work
- Staggered start, break and finish times
- Dedicated workstations and work-spaces to avoid sharing
- Personal equipment for work such as keyboard, tools etc which are not shared
- Temporary redeployment into a COVID secure work area
- Discouraging the use of shared crockery, cutlery, food and drink

Adjustments and risk mitigation measures should be regularly monitored and reviewed. Some staff may be protected under the disability provisions of the Equality Act 2010 and additional consideration should be given to staff with protected characteristics.

Risk assessments will also need to take into account lone working to ensure that mitigation of one risk does not increase or initiate another.

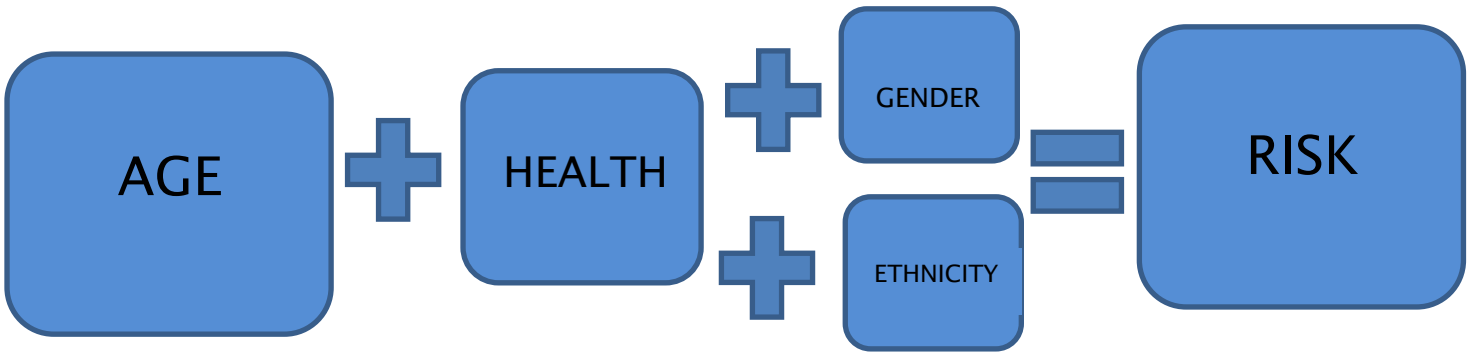
Public Transport – the use of public transport can increase the risk of getting COVID-19 and as such should be taken into account for those already identified as vulnerable. Mitigation such as the use of private transport or walking to work could offset this risk.

Sickness - If a member of staff is unfit to return to campus they should provide a GP fit note confirming this. This is likely to be in addition to any ongoing chronic condition they may have.

Occupational Health
In complex cases or cases where there is disagreement between the line manager and the employee, there may be a need to make a referral to Occupational Health. This could help to better understand what reasonable adjustments still need to be put in place to allow the employee to return to work safely or to enable the employee to remain at home.

Core Principles - The principles which must be followed for vulnerable people are:

- The higher the risk, the more stringent the controls required
- All reasonable steps must be taken to enable a safe return to campus
- The contents of the risk assessment and subsequent mitigation measures put in place for their safety must be explained to the employee before they return



VERSION CONTROL

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