COVID-19
Occupational Risk
Assessment Guidance

This guidance explains the risk and vulnerability 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 personal vulnerability to COVID-19. The aim of this guidance is to enable all workers to return to work safely by controlling risk and taking account of individual vulnerability.

There are three things which affect the occupational health risk from COVID-19 in priority order:

2. Workplace considerations to protect staff from COVID-19
3. Personal characteristics that affect outcome from COVID-19

First, employers should have undertaken a generic workplace risk assessment for COVID-19 and made necessary adjustments. After this is completed, if there is a concern about individual vulnerability, they should support those staff members 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 work duties. Employers should also use this approach with volunteers in the workplace. Risk to staff in the workplace can be reduced by adopting safer work practices and measures. Further advice can be found here: https://www.healthyworkinglives.scot/workplace-guidance/covid-19-return-to-work-toolkit/Pages/covid-19-return-to-work-toolkit.aspx.

The UK has an 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. Further advice can be found here: https://www.healthyworkinglives.scot/workplace-guidance/covid-19-return-to-work-toolkit/Pages/covid-19-return-to-work-toolkit.aspx.

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/

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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 with enhanced hygiene measures). This is the most important step prior to individual staff risk assessment (Annex A)

- **The potential harm that COVID-19 might cause an individual.** This will depend on individual characteristics such as age, gender, ethnicity and underlying health conditions or vulnerabilities (see Annex A)

**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, and the possible risk of exposure to COVID-19 in the workplace versus the mitigation measures that are in place to prevent transmission.

1. **Prevalence of COVID-19 in Scotland**

   The amount of COVID-19 circulating in Scotland (the prevalence of COVID-19) will impact greatly on overall risk, irrespective of individual characteristics. The current prevalence of infections in the community has now significantly reduced. The low prevalence rate in Scotland means that there is less spread in the community, and therefore less chance of being infected in the workplace.

   Prevalence data 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/](https://www.gov.scot/collections/coronavirus-covid-19-modelling-the-epidemic/)

   Advice and guidance relating to local outbreaks or clusters of coronavirus cases should be following. More information can be found here: [https://www.gov.scot/publications/coronavirus-covid-19-local-measures/](https://www.gov.scot/publications/coronavirus-covid-19-local-measures/)

   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. This should be carried out and reviewed regularly to ensure compliance with prevention and mitigation measures.

   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](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 far as is 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/public facing role

III. **Engineering controls** – is there equipment or methods to control the exposure to the risk? e.g. create individual workspaces with screens, hygiene measures such as wall mounted hand sanitiser

IV. **Administrative controls** – are there other procedures to reduce the exposure risk?
   e.g. COVID-19 control measures (i.e. 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 task-specific PPE is available to further reduce any residual risk not eliminated using the previous measures
   e.g. as per infection prevention and control guidance

Employers should be innovative and work with their staff to put in place a range of measures which aim to 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.

3. **Personal Characteristics that affect outcome from COVID-19**

The latest evidence shows that age, sex, ethnicity and being significantly overweight, 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 vulnerability 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 over 17 million patient 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 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 at: [https://alama.org.uk/covid-19-medical-risk-assessment/](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, 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.
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 place 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 underpinned by knowledge of the current community viral levels.

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 or advice could be sought from:

- GP or medical specialist
- 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 should be made by the manager to the employer’s Occupational Health (OH) service if available, or advice sought from the staff member’s GP. 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, where available, 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.

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.som.org.uk/return-to-work/](https://www.som.org.uk/return-to-work/)
- [https://www.som.org.uk/return-to-work/](https://www.som.org.uk/return-to-work/)

General Information

- General information on COVID-19 free helpline on 0800 028 2816 ([NHS 24](https://www.nhs24.com)). The helpline is open from 8.00am to 10.00pm each day.
- [https://www.promis.scot/](https://www.promis.scot/)