



Department
of Health &
Social Care

CARE

COVID-19: Adult Social Care Risk Reduction Framework:

Assessing and reducing the risk to your workforce

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1. Introduction

- 1.1 The social care workforce is vital in supporting the health and care needs within our communities, and we are incredibly grateful for the work they are doing in the face of significant and ongoing challenge.
- 1.2 Keeping people who work in social care settings, and those who use social care services, safe and well is critical.
- 1.3 As an adult social care employer, you have a duty of care to secure the health, safety and welfare of your workers and the people who use your service, as far as possible.
- 1.4 You should have a process in place to assess and reduce risk for everyone in your care, regardless of characteristics or vulnerabilities. This should include:
 - The risk to the people who use your service, considering any individual characteristics which may put them at increased risk.
 - The risk in your workplace, which should include travel to and from, and travel between workplaces.
 - The risk to your workers, including volunteers, considering any individual characteristics which may put them at increased risk.
- 1.5 Public Health England has issued guidance, which is updated regularly, on [the implementation of measures to reduce the risk of infectious disease](#). Employers should always ensure that they adhere to latest PHE recommendations.
- 1.6 While risks should be reduced in the workplace for all workers, additional mitigation measures should be considered for workers at higher risk because they identify as having certain characteristics / health conditions and/or are pregnant. This includes all your workers in both direct and non-direct care and support roles, including permanent employees, agency, locum and bank staff and unpaid volunteers. Those at highest clinical risk should be helped to continue to follow the [current advice on shielding](#).

The Evidence

- 1.7 Clinical evidence indicates that some people may have factors which could increase their vulnerability to infection or adverse outcomes from COVID-19. As new evidence emerges, this guidance will be updated, and you should check you are using the latest guidance.

The ASC Risk Reduction Framework

- 1.8 The ASC Risk Reduction Framework has been developed in response to requests from employers and concerns that workers who are potentially more vulnerable to infection or adverse outcomes from COVID-19, may not be adequately supported. However, we know some employers will already have a robust process in place.
- 1.9 The ASC Risk Reduction Framework focuses specifically on how employers can support workers with factors which may make them more vulnerable to infection or adverse outcomes from COVID-19 to make decisions about their risks in the workplace.
- 1.10 It does not lead employers to an 'absolute' outcome, but is intended to provide support to:
- Manage the process of undertaking risk assessments to identify those workers who may be more vulnerable to infection or experiencing significant health challenges as a result.
 - Have sensitive, one-to-one conversations with workers, to acknowledge concerns, discuss the options available and agree any next steps.
 - Identify and implement ways of mitigating the risk to these workers within the context of their role and the setting.
- 1.11 It should be used alongside:
- Public Health England guidance on COVID-19 Infection Prevention and Control - which should always be followed.
 - Your existing workforce and workplace risk assessment and management processes.
 - Government advice on shielding and furlough.

- 1.12 Included later in the document are resources to support the wellbeing of the adult social care workforce. We recognise that putting in place these measures may increase pressures on the social care workforce, and resources which may support employers to address risks to their workforce are included below.

For further information see:

Infection prevention and control

Guidance

- [PHE: COVID-19: infection prevention and control guidance](#)
- [Guidance on Infection Prevention and Control \(IPC\) precautions for patients remaining in hospital, or being discharged home or residential care](#)
- [COVID-19: management of exposed staff and patients in health and social care settings](#)
- [DHSC: Care Home Support Package, including information about limiting staff movement](#)
- [SCIE: Coronavirus \(COVID-19\) advice for social care on infection control](#)
- [BEIS: Working safely during coronavirus – Other people’s homes](#)
- [BEIS: Working safely during coronavirus - 5 steps to working safely](#)

e-learning

- [Health Education England e-Learning for Healthcare on Infection Prevention and Control](#)
- And/ or the two webinars [here](#) on the Care website/ App that are specifically aimed at Care Homes and Domiciliary Care

Testing for workers and people in receipt of care and support

- [Guidance on coronavirus testing, including who is eligible for a test and how to get tested](#)

- Accessing testing for workers and residents within care homes; a [dedicated portal for care home staff and residents](#) to access testing, regardless of symptoms.
- Employer guidance for test and trace - <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance>
- [Test and Trace: guidance for social care employers about staff isolation \(interim\)](#)

PPE

Using PPE

- [PHE Guidance- COVID-19 personal protective equipment \(PPE\)](#)
- [PHE Guidance- COVID-19: how to work safely in care homes; which includes guidance on putting on and taking off PPE safely](#)
- [PHE: COVID-19: how to work safely in domiciliary care in England; which includes guidance on putting on and taking off PPE safely](#)
- [PHE COVID-19: putting on and removing PPE – a guide for care homes \(video\)](#)

Accessing PPE

- Information on accessing PPE can be found here: <https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes/coronavirus-covid-19-care-home-support-package>

Shielding

- [PHE COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#)

Furlough

- [Check if you can claim for your employees' wages through the Coronavirus Job Retention Scheme](#)
- [Adult Social Care: how we expect the sector to interpret guidance on the Coronavirus Job Retention Scheme](#)

Guidance from HSE

- [HSE guidance on vulnerable workers](#); including guidance relating to [new and expectant mothers](#), disability, and age.
- [HSE information and advice on Covid-19](#)
- [HSE: RIDDOR reporting of COVID-19](#)

COVID-19: Adult Social Care Risk Reduction Framework: Assessing and reducing the risk to your workforce

Individual risk assessment

Certain factors have been associated with individuals being more vulnerable to severe disease or dying from COVID-19. Employers should carry out risk assessments for all of their workers they have identified are at greater risk. Those at high clinical risk should be supported to continue to follow current advice on shielding.

Employers are responsible for ensuring that risk assessments are carried out and steps are taken to minimise the risk to workers. Employers may choose to delegate the actions involved with identifying and managing risk with workers to another suitable individual such as a line manager, supervisor, designated senior manager or health and safety representative.

Risk assessments should include all workers in both direct and non-direct care and support roles, including permanent employees, agency, locum and bank staff and unpaid volunteers.

Whilst this framework focuses on reducing the risk for workers with potential risk factors, there should be an awareness that those who are not at high risk may have other health concerns or anxieties that should be addressed.

It should not necessarily be assumed that a worker, even with identified vulnerabilities, working in areas with the highest concentration of COVID-19 patients, will be at the greatest risk. This depends upon the extent to which the risk of exposure is controlled.

If a worker is identified as being at higher risk, a one to one conversation should be used to identify how risk could be reduced. This should be handled in a sensitive manner, taking into consideration the worker's mental wellbeing.

What is practical and preferable will be specific to the workplace and individual but might include;

- Redeployment to another location where the risks are lower, for example to support people who are not thought to be infected by COVID-19, or to work remotely where possible.
- Adjustments to work arrangements - for example reviewing use of public transport
- Ensuring staff are supported to follow PHE and DHSC guidance on reducing workplace and workforce risk.
- Further advice and support, for example through Occupational Health where available

When using this guidance, please be aware that these risk factors and the guidance may change as further evidence emerges.

It is important to note that the latest evidence on ethnicity and sex in the boxes below did not account for the effect of occupation, comorbidities or obesity, which may be associated with risk of acquiring and/or dying from COVID-19. This evidence should make us more aware of risks in some groups but also understand that factors other than age, sex or ethnicity may also be important in terms of outcomes of infection.

Age +	Ethnicity*	Sex*	Some underlying health conditions including:*	Pregnancy^
<p>Increasing age is a known risk factor.</p> <p>Those age 70 or older are at an increased risk.</p> <p>This should be considered alongside underlying health conditions or other risk factors.</p>	<p>The latest evidence shows those of a BAME background who were diagnosed with COVID-19 had up to two times an increased risk of death than white ethnic groups, but it is important to recognise that this data did not account for the effect of occupation, comorbidities or obesity, which may be associated with risk of acquiring and/or dying from COVID-19.</p>	<p>The latest evidence shows working age males diagnosed with COVID-19 are twice as likely to die as females, but it is important to recognise that this data did not account for the effect of occupation and comorbidities or obesity, which may be associated with risk of acquiring and/or dying from COVID-19.</p>	<p>Respiratory diseases, e.g. asthma, or chronic obstructive pulmonary disease</p> <p>Hypertension</p> <p>Cardiovascular Disease</p> <p>Diabetes Mellitus</p> <p>Chronic Kidney Disease</p> <p>Chronic liver disease</p> <p>Very obese (BMI 40 or above)</p>	<p>All pregnant women should have a workplace risk assessment.</p> <p>Specific guidance on Covid-19 and pregnancy can be found in guidance set out by RCOG:</p> <p>Women > 28 weeks pregnant or have underlying condition should be recommended to stay at home.</p> <p>Women < 28 weeks pregnant should only work in direct care roles where risk assessment supports this.</p>

Sources:

*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf

+Full list of those who are at higher risk from Covid-19: <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>

^FOM, RCM, RCOG Covid-19 virus infection and pregnancy occupational health advice <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

2. The risk assessment process

- 2.1 The risk assessment process should be in two stages; identification of those who are potentially at higher risk and then assessing the risks associated with those individuals and identifying actions to minimise the risks.
- 2.2 An initial identification process should take place with each worker to understand their potential individual risk. You should complete this initial stage in the most appropriate way to suit your workplace and working environment, this could be:
- Having a conversation with each worker to identify if they have any potential risk factors and if a risk assessment is required.
 - Requesting all workers complete a form or survey individually and have conversations only with those who have identified as having potential risk factors to undertake the risk assessment.
- 2.3 It is important that you ensure workers are involved in the initial identification stage and assumptions are not made.
- 2.4 When asking workers to complete the initial identification, information should be provided on why the information is being asked, what will be done with the information and what the next steps are. It is important to be clear and transparent to reassure workers and increase the willingness for completion. In addition to identify those who have been highlighted to be at a greater risk, the initial identification should provide an opportunity for any worker who has other underlying health conditions or particular concerns and anxieties about their health to discuss their concerns.
- 2.5 Care has to be taken when asking for personal health information and this should only be asked for when it is required to support the worker. The level of detail provided should be no more than is necessary and reasonable. In the context of this risk assessment, it would be deemed reasonable to request information relating to those factors which may make an individual more vulnerable to infection or have an adverse outcome from COVID-19. When collecting the information you need to consider and be clear to workers how you will record this information and that the information will only be used for these purposes. You must take into consideration General Data Protection Regulation (GDPR) and your policies around collecting data which is in addition to your usual processes.
- 2.6 You should then develop a risk identification and assessment template that is suitable for your workplace. Guidance produced by the Health and Safety Executive (HSE) can provide help to organisations to identify who is at risk of harm

and how this guidance should be closely followed. It includes templates and examples that organisations can adopt, along with specific guidance on some vulnerable groups. HSE's guidance on vulnerable workers should also be used where appropriate.

- 2.7 The identification and assessment process should not be a one-off process and should regularly review the assessment and management of risk to take into account any new evidence on risk factors.

Having conversations with workers who are identified as high risk to complete a risk assessment

- 2.8 Workers are likely to already be anxious about the risks raised by this emerging evidence and you should act swiftly and sensitively to address these concerns. You should be sensitive to the potential barriers to workers feeling able to have an open conversation which may include concerns that disclosing this information may disadvantage them in the future in terms of earnings, work status or terms and conditions of their employment.
- 2.9 You must ensure that cultural factors are taken into consideration so that workers have the confidence to openly discuss and resolve their concerns. Trade union colleagues and local partnerships may be a valuable source of support to the organisation and should be used in constructing local approaches. Other networks such as those for black, Asian and minority ethnic (BAME) or disabled workers will also be an important area of support to organisations.
- 2.10 The conversation with the individual to undertake the risk assessments needs to be detailed and sensitive. The outcome should be focussed on identifying actions to minimise the risk which are carefully considered taking into the different contexts, risk factors and the views of the individual worker.
- 2.11 You should ensure that appropriate steps are taken so that workers have the confidence to openly discuss and resolve their concerns including:
- Ensuring the conversation is in a confidential setting.
 - Providing sufficient time for a detailed conversation to take place.
 - Setting out the purpose of the conversation, including providing them with reassurance and advising them of the reasons for disclosing information. This should include what will be done with the information and if necessary, where it will be stored.

- Allowing opportunity for them to raise any concerns.
- Documenting the conversation, sharing this with your worker and retaining the information confidentially and securely.

2.12 The way you can approach the discussion will need to be considered and will depend on the work setting, but may include:

- Conversations being carried out by, or with the support of, occupational health where available.
- Third party individuals being included if the worker wants additional support. This could include trade union colleagues, staff networks, or other appropriate individuals.
- Trade union colleagues, local partnerships, and staff networks may be able to offer support for these conversations, or highlight the concerns of BAME colleagues and others who may have risk factors regarding Covid-19 in the workplace.

2.13 Workers should be given the opportunity to express concerns. Steps to facilitate this could include:

- Offering opportunities to express concerns.
- Good communication with workers about latest research/data.
- Review of channels available for BAME workers or other vulnerable groups, to raise concerns.
- Signposting resources with a specific equalities focus or content.
- Senior leadership endorsement of risk assessment and awareness of potential increased risk - to encourage workers to feel able to have these conversations.
- Review of any staff networks (for example BAME, disability or health condition groups) available in the organisation and what could be done to better support and strengthen what is available.
- Engaging with unions regarding management of risk assessments and mitigation of risks.

For further information see:

- [DHSC Guidance: Guidance Coronavirus \(COVID-19\): health and wellbeing of the adult social care workforce](#)
- [HSE guidance on vulnerable workers](#); including guidance relating to [new and expectant mothers](#), disability, and age
- [SfC guidance on Equality and diversity](#)
- [ACAS: Coronavirus \(COVID-19\): advice for employers and employees: Vulnerable people and those at high risk](#)

Steps you can take once workforce members who are at increased risk have been identified

Measures across the workforce

- 2.14 You should continue to follow the latest guidance and to take measures to protect the workforce and ensure the wellbeing of all workers who are at increased risk due to the factors described in the framework. This includes those in ancillary and other non-care environments. There are helpful resources on the [COVID-19 FAQs webpage](#) which you can share with your colleagues.
- 2.15 Depending on the workplace setting and workforce this could include:
- Engaging workforce and involving them in decision-making, solutions and support.
 - Giving workers opportunities to express concerns.
 - Review your work place following the [working safely](#) guidance.
 - Encourage people to follow the [guidance on hand washing and hygiene](#)
 - Consideration of impacts of working pattern (including long shifts/night shifts, additional shifts or multiple jobs) on fatigue levels.
 - Support taking regular breaks, provide food and water while on shift.

- Following DHSC and PHE advice on testing. The [Infection Control Fund](#) can be used to maintain the normal income of staff members who are self-isolating with symptoms of COVID-19 or following a positive test.
- Provide clear information to all workers if PPE is or is not needed, when it should be used (e.g. sharing PHE guidance), and ensuring all workers have adequate access in line with current guidance.
- Review of the health and wellbeing support and employee assistance available and action to tailor it to meet the needs of workers identified to potentially be at higher risk.

Individual measures

- 2.16 The options available to reduce the risk to your worker will be dependent on the type of work they do and the setting that they work in. You should consider together:
- Redeployment to a setting or a role where the risks are lower- for example to support people who are not thought to be infected by COVID-19 or to work remotely where possible, as per the [5 steps to working safely](#) guidance.
 - Adjustments to their work arrangements - for example reducing or removing the need for them to use public transport for work.
 - Asking that only the service user is in attendance for home visits where possible, as per the [domiciliary care guidance](#).
 - Further advice and support, for example through Occupational Health if available.
- 2.17 If the workplace is not safe for the employee and the employee cannot work from home or be redeployed, then employers could consider paid or unpaid leave until such time that it is safe for the employee to return to work. If employer and employee do not agree on the conclusions of these discussions, local resolution processes should be followed.
- 2.18 Employers need to consider individual circumstances on a case by case basis when making decisions and assessing workplace risks. Conversations should be documented, and a copy given to the employee. Other examples of good practice when having these sensitive conversations are highlighted above.

- 2.19 Employers are responsible for ensuring that a system of safe work is set up, implemented and communicated clearly to all staff. We recognise the complex decisions made by employers around the management of risk to employees (including workers, agency workers, contractors, volunteers) and those that use their services. Employers should [follow government advice on Covid-19 risk management](#). In making decisions about the workforce, employers should consider their legal and health and safety responsibilities and are encouraged to consult with trade unions and seek their own legal advice if required.

For further information see:

- [DHSC Guidance: Guidance Coronavirus \(COVID-19\): health and wellbeing of the adult social care workforce](#)
- [SfC guidance on Equality and diversity](#)
- [ACAS: Coronavirus \(COVID-19\): advice for employers and employees](#)
- [UNISON: Coronavirus advice for social care workers](#)
- [UK Advice for Coronavirus from Unite](#)
- <https://www.hse.gov.uk/legislation/hswa.htm>
- <https://www.scie.org.uk/publications/guides/guide15/legislation/otherlegislation/healthandsafetylegislation.asp>
- <https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/health-and-safety/Health-and-safety.aspx>

Supporting workers' health and wellbeing

- 2.20 This is clearly a very challenging time for the social care workforce. There are a number of resources available to support workers' health and wellbeing including:
- The [CARE branded website](#) and app, CARE Workforce, provides timely information and signposting to support.
 - [DHSC Guidance: Coronavirus \(COVID-19\): health and wellbeing of the adult social care workforce](#)

- Resources for social care workers who need someone to talk to when they are finding things difficult:
 - Social care workers can send a message with 'FRONTLINE' to 85258 to start a conversation. This service is offered by Shout and is free on all major mobile networks and is a direct support for those who may be struggling to cope and need help.
 - The Samaritans has extended its confidential emotional workers support line to all social care workers who might be feeling increasingly stressed, anxious or overwhelmed. This service offers care workers the opportunity to speak with a trained volunteer who can help with confidential listening and signposting to further support. To access this support, please call: 0300 131 7000
 - Hospice UK has extended its bereavement and trauma line to provide support to social care workers. This service offers a safe space for care workers to talk to a professional if they have experienced bereavement, trauma or anxiety as a result of the COVID-19 pandemic. To access this support, please call: 0300 3034434

Further guidance and resources

Other information and guidance for adult social care

- Updated guidance and learning resources can be accessed through the [Care Workforce app](#)
- [Coronavirus \(COVID-19\): adult social care guidance](#)
- [Coronavirus \(COVID-19\): guidance for people receiving direct payments](#)
- [COVID-19: ethical framework for adult social care](#)
- [Skills for Care: COVID-19 updates for Social Work](#)
- [SCIE: Coronavirus \(COVID-19\) advice for social care](#)

Other sources of information and guidance for employers and employees

- [ACAS: Coronavirus \(COVID-19\): advice for employers and employees](#)
- [UNISON: Coronavirus advice for social care workers](#)
- [SfC guidance on Equality and diversity](#)
- [UK Advice for Coronavirus from Unite](#)
- [RCN: COVID-19 \(coronavirus\) FAQs](#)

Examples of other risk frameworks

- Royal College of Psychiatrists - [COVID-19: Guidance on risk mitigation for BAME staff in mental healthcare settings](#)

PHE review into how different factors have affected COVID-19 risk and outcomes.

- [PHE: COVID-19: review of disparities in risks and outcomes](#)

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