

Isle of Man Government
COVID-19 – Black, Asian and Minority Ethnic (BAME)
Risk Assessment Guidelines

Introduction

These guidelines are intended to assist staff and managers in the Isle of Man Government to reduce and mitigate risk to BAME colleagues.

Background

There is emerging and increasing evidence that Black, Asian and Minority Ethnic (BAME) people are at greater risk of contracting COVID-19 compared with white populations. This has been particularly apparent amongst health care staff in the UK.

A paper, Risk Reduction Framework for NHS Staff at risk of COVID-19 infection has been published. It analyses 106 NHS staff deaths.

The following extract explains *'in addition, an emerging finding from systematic reviews and data from the UK is indicating that particular comorbidities such as hypertension, cardiovascular disease and diabetes are more prevalent in people with severe COVID-19. These comorbidities are also more prevalent in BAME populations and may explain the increased risk of morbidity and mortality in this group.*

A consensus group was set and made consensus recommendations based on the currently published literature and that could help to initiate further research and inform immediate public health and policy decisions to protect and save health care staff. The key aim was to develop a pragmatic simple Risk Reduction Framework that can be implemented in a healthcare setting (Figure). The Framework is based on the best available evidence which is limited, however, in view of the serious and disproportionate impact of COVID-19, there is an urgent need to put in place immediate mitigations to try and minimise further serious consequences.'

Within Isle of Man Government a very basic workplace assessment shows that the highest proportions of BAME employees are found in DHSC or DESC.

While there is some indication that in a healthcare setting, some BAME employees may be performing a higher risk role, not all roles are the same so the risk reduction framework could be used to determine which DHSC roles present the greater risks described as a workplace assessment in the framework.

Current workforce assessment already identifies vulnerable categories: *'specific long term health conditions, sex, older age and pregnancy. Recent evidence suggests that ethnicity, specifically a BAME background and obesity may also be associated with increased vulnerability, particularly in the presence of these risk factors.'*

Whilst there is no information to suggest that any particular roles within Departments other than DHSC would be considered as higher risk, the risk reduction framework could be used as a workplace assessment to determine which, if any, fall into that category, prior to any requirement to undertake an individual assessment.

The paper acknowledges the importance of the situation with BAME employees:

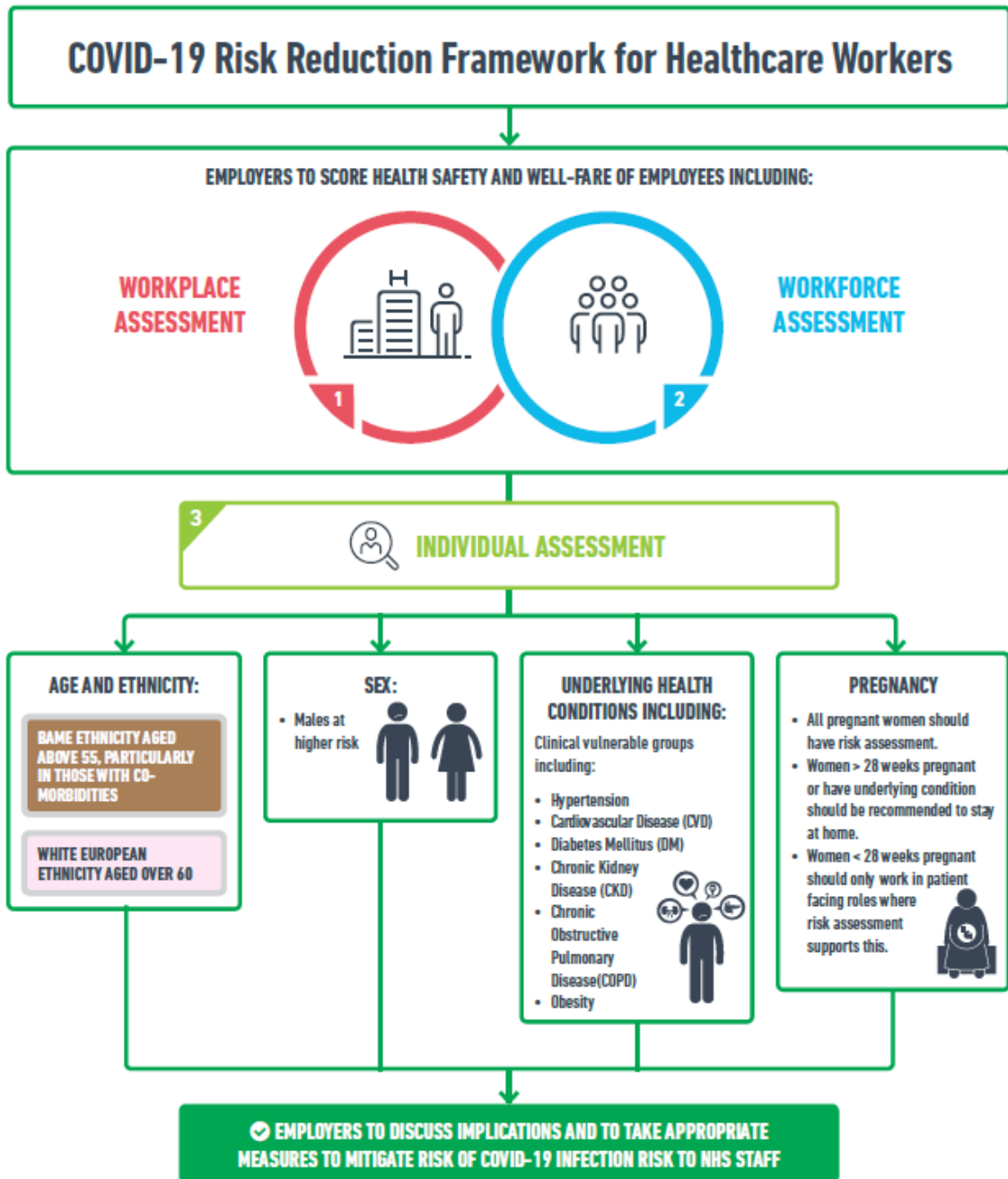
'There is an urgent need for a greater level of understanding as to why workers, and indeed patients including those from a BAME background, appear to have a disproportionately increased morbidity and mortality from COVID-19 infection. A significant research and audit programme is also currently underway. This is the first attempt to create such a Risk Reduction Framework with currently available evidence and the Tool will be reviewed and updated in light of any evidence. It is however important to acknowledge is this area is continuously evolving and this framework provides a baseline but remains fluid'

Action

Individual assessments for BAME employees can be carried out by using the Risk Reduction Framework Tool (Appendix A) and if the employee and manager deem that there is a need to reduce the risk, this can be undertaken using the framework with the vulnerable persons guidelines and risk assessment¹.

¹ <https://hr.gov.im/media/1845/vulnerable-persons-guidelines-13.pdf>

APPENDIX A



HOW TO USE THE RISK ASSESSMENT TOOL

Employers have a duty of care requiring them, as far as reasonably practicable, to secure the health safety and welfare of their employees. This includes an equitable approach to effective risk management and risk reduction of potential workplace hazards, for all staff which requires:



WORKPLACE ASSESSMENT

- › Take into consideration health care setting i.e. Primary, Community or Hospital setting
- › Review of AGP procedures
- › Potential exposure to SARS-CoV-2 in the workplace
- › Application of an appropriate hierarchy of control measures including:
 - › Elimination if possible
 - › Reduction by hygiene measures.
 - › Safe systems of work
 - › Election and correct use of PPE including training and fit testing

INDIVIDUAL ASSESSMENT

- › Six factors need to be considered:
 1. Age: Those aged over 70 have already been identified clinically vulnerable
 2. Sex
 3. Clinically vulnerable people: Those with underlying health conditions or co-morbidities
 4. Ethnicity: Those of BAME appear to be at increased risks, particularly aged above 55 or have co-morbidities
 5. Pregnancy in particular those who are over 28 weeks or have underlying health conditions
 6. Disabilities identified which may be the subject of reasonable adjustments

WORKFORCE ASSESSMENT

- › Identify those individuals with increased vulnerability to infection or poorer outcomes from COVID-19.
- › Guidance has identified three categories of vulnerability:
 - › Specific long term health conditions
 - › Older age
 - › Pregnancy
- › Evidence suggests that ethnicity of a BAME background may also be associated with increased vulnerability
- › Evidence of Males being at higher risk with UK Data showing approximately 60% of people being admitted to hospital being Male
- › Availability of appropriate redeployment options