# **Guidance for the support and management of those staff who are Clinically Extremely Vulnerable, those living with the Clinically Extremely Vulnerable and the Clinically Vulnerable**

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# Introduction

In July 2020 the government announced that shielding for the Clinically Extremely Vulnerable (CEV) would be paused with effect from 1st August in England and 16th August in Wales. The immediate impact for many people in the CEV category and their families is one of real fear and anxiety at the prospect of a return to the workplace. It is vital that all managers understand the levels of anxiety faced by staff in the CEV category, the majority of whom will not have been outside their home since March 2020. Many other staff have continued to come into the workplace throughout the pandemic, and have had since March to get used to new ways of working, social distancing, working with colleagues, prisoners and offenders in a socially distanced way, or having to wear PPE in many instances. Managers and colleagues alike need to understand that many colleagues in the CEV category will be potentially facing the world outside their home bubble for first time and should expect them to react differently dependent on their personal situations. Some may be keen to return to the workplace but others will feel severe anxiety at the prospect, it is essential that managers take account of personal anxieties and fears as well as whether the workplace is Covid Secure in considering whether a return to work is possible.

# What do we mean by making the workplace COVID Secure?

The **‘Covid Secure’** guidelines have five broad principles covering all sectors and employers.

1. **If you can, work from home.**

Covid Secure is designed to help those businesses with employees who cannot work from home, ensure their staff remain safe from virus transmission.

1. **Carry out a COVID-19 Risk Assessment**

Generally this is similar to a usual Health & Safety Risk Assessment, but should take into account the risk posed by virus transmission.

1. **Maintain 2m Social Distance where possible.**

As identified in the COVID risk assessment, workplaces, work patterns, operations should be redesigned so that employees can maintain 2m social distancing where possible.

1. **Where this is not possible, manage transmission risks.**

Consider what equipment might be needed to create barriers between people.

1. **Reinforce cleaning and hygiene processes**

Employers need to ensure staff have access to sufficient hand-washing facilities or hand sanitizer, and cleaning needs to be carried out more frequently, especially in areas or on hard surfaces that have high touch contact rate.”

# Clinically Extremely Vulnerable

Some employees in the CEV category will have been able to work from home during their period of shielding, where it is possible to continue working at home this should be confirmed with the employee. Other employees may feel uncertain, anxious and concerned about returning to work.

It is important for managers to recognise that not all employees who have been shielding will be able to return to the workplace. All CEV employees who have been shielding must have an individual risk assessment undertaken and must be provided with a copy of the various revised workplace risk assessments (e.g. specific office or work area) before there is any decision on whether a return to work is possible. Before any decision about returning to work can be made, managers must talk to the employee. The conversation may be face to face or if that is not possible by telephone or video call. The conversation will include providing advice about what has changed in the workplace, the controls that have been put in place to ensure it remains Covid Secure and any Safer Operating Procedures (SOPs) that may be in place for certain tasks and processes. There must be an opportunity during the risk assessment to explore and agree what adjustments will need to be made if a decision is taken to support their return to the workplace. Managers and staff are encouraged to be creative and imaginative in considering how a job might be performed differently, such as whether the employee needs to be in the workplace full time or whether some work might be able to be done from home or a different location. Managers are reminded that where an individual will need a laptop to work from home then an application should be made in the usual way with a priority application where this would enable CEV staff to work from home, where appropriate work is available.

Where national shielding measures remain in place (currently in England this is until 31/7/20 and Wales until 16/8/20) clinically extremely vulnerable staff should be working from home or on paid special leave. During any subsequent national or local outbreak, managers will need to refer to national and local lockdown guidance on the implications for employees who are in the CEV category. The advice and instructions may be different in different local authority areas and managers and staff will need to refer to local authority instructions and local Public Health England/Wales advice to determine whether shielding for any in the CEV category should resume.

Where managers and staff in the CEV category are considering a return to work, they should only be offered the option of the safest available on site roles, enabling them to social distance from others. All staff, prisoners and service users should continue to keep 2m distance between one another wherever possible.

A full list of who is classed as Clinically Extremely Vulnerable can be found on [Gov.uk](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19).

# Living with or caring for someone in a clinically extremely vulnerable group

Where staff live with or care for someone who is clinically extremely vulnerable the manager should take reasonable steps to support that individual in minimising contact with others outside of the household. These staff can work from home if possible. Where the shielding measures are paused, if working from home is not possible, the risk assessment process for CEV staff outlined above should be followed.

Where the shielding individual in a household has already returned to work, it is the expectation that the co-shielders will also return to work but a risk assessment must be completed to support the member of staff and minimise their risk. Where the shielding individual does not work and shielding has been paused for the clinically extremely vulnerable in a particular location, then the co-shielder is expected to return to work but the risk assessment must be completed to support the member of staff and minimise their risk. Where an employee is not at work because a partner or someone in their household is pregnant, then that employee should also return to work but again a risk assessment must be completed.

# Clinically Vulnerable

Clinically vulnerable staff will already be working from home if possible, or if not possible they should be supported at work with their individual risk assessment and necessary adjustments that enable them to social distance. This process should remain in place. Where the risk assessment deemed the clinically vulnerable member of staff should shield at home, the process for the CEV outlined above should be followed. A full list of who is classed as clinically vulnerable is available on [Gov.uk](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july).

# HMPPS Guidance for managers undertaking a risk assessment for staff at additional risk due to COVID 19

In order to manage the risk faced by these groups, HMPPS requires a one to one risk assessment approach, involving an appropriate manager and the employee. Staff may be supported by a colleague or represented by a TU Representative. This is in order to ensure that the individual’s views and needs can be fully considered and must take place at the point where the member of staff makes the manager aware of their circumstances. This will enable options to be explored that mitigate risks, as far as possible, prior to a final decision on working arrangements being made. This risk assessment process should take into consideration the views of other parties as appropriate and where necessary the advice of local Health and Safety advisors. The risk assessment and control of all COVID -19 risk is a statutory requirement and senior managers must ensure the risk assessment process is delivered.

To assist managers in the completion of this process a template risk assessment document is included (Annex A). It will enable;

* Key risk data to be recorded in a consistent format
* Consideration of available disclosed medical advice
* Views of the Employee and Manager
* Outcome of the discussions in relation to working arrangements including additional protective measures
* Agreed review periods

This review can be conducted over the phone and electronically if the member of staff is not in the workplace. If a review is conducted over the phone, a copy of anything agreed must be offered and E-mailed or posted to the employee following the review and the employee allowed to comment if need be.

## Roles and Responsibilities

**Appropriate Manager:**

The line manager (or other appropriate manager) is responsible for supporting the member of staff and for providing assurance on the risk assessment process, including liaising with other appropriate roles set out below, as required in line with Health and Safety practice. It is important to recognise that this is a particularly worrying time and individuals in such situations will understandably have heightened concerns, anxiety or fear that they need to discuss.

The appropriate manager is also responsible for implementing the risk assessment process in accordance with the process flowchart (Annex C).

This will entail arranging an early meeting (applying social distancing) with staff in clinically vulnerable groups in order to discuss the risks associated with Covid-19. Important information is provided within this document (and on Gov.UK), which is designed to assist managers and staff with informing themselves of the current advice. Through the use of a confidential discussion, managers must record key information to enable a justifiable decision to be made in relation to the employee’s working arrangements during the Covid-19 period. The manager is also required to undertake a risk assessment. A best practice template (produced by the HMPPS Health and Safety team) is included at Annex A. Where a risk assessment has already been completed, managers do not necessarily have to use this template but should satisfy themselves that all of the risk factors in there are covered within their own risk assessment but must revisit their risk assessment as required (See below). It is important to complete each section as fully as possible.

Where required, or where an agreement cannot be reached between the manager and the employee, it is important to seek assistance from professional services including Health and Safety Advisors, HRBPs, equalities representative and/or via a suitable Occupational Health Advisor (this service is being maintained throughout the COVID situation). Managers are reminded that to ensure a good quality referral is made the questions being asked of the OH Advisor must be clear and pertinent to the individual case.

Managers are also responsible for initiating a review of the risk assessment with the employee as stated below.

**Review of risk assessments**

Managers and staff are reminded that risk assessments should be reviewed

1. At a regular frequency (every 4 weeks).

 A significant change in circumstances.

A change of line or appropriate manager.

A change in Control Measures being applied.

A change of factor which affects the risk of Covid exposure. (E.g. Local lockdown / outbreak.)

A change in published Gov.uk guidance

**Employee:** It is the employee’s responsibility to make the line or appropriate manager aware of their additional risk circumstances. All employees can seek the assistance of their trade union at any stage of the risk assessment process. They should then participate in the discussions with an appropriate manager in order to seek an agreed working arrangement. Where possible the employee needs to provide sufficient information to enable the manager to complete the risk assessment. The employee should then comply, as far as possible with the agreed outcome of the assessment.

**HRBP:** Will provide professional HR support as required via the escalation route included in Annex B.

**Health and Safety Team:** Will provide professional support as required via the escalation route included in Annex B.

**Occupational Health Service:** To provide independent reports following a referral by HMPPS management in line with the escalation route in Annex B. If there is a difference of view between the manager and the member of staff in respect of the medical risk, then an OH clinical view must be sought.

**Trade Unions:** Trade Union representatives to offer advice and support to their members as necessary.

**Other support:** Equality representatives are able to support this process through the provision of advice relating to wider policy implications.

## Safeguards Recommended for Clinically Vulnerable Groups

It is widely publicised that social distancing plays a critical role in managing and controlling the Pandemic, with HMPPS actively promoting this for staff and prisoners. It is this practice of maintaining distance, supported with good environmental and personal hygiene that underpins the Nation’s approach to health protection.

Additional advice has been published relating to specific measures for consideration for those in additional risk groups. In summary;

**Clinically Extremely Vulnerable**

There is further information at Annex C on what is meant by extremely vulnerable. In accordance with Government advice, HMPPS is introducing changes to its approach to facilitate the safe return to work for those unable to work remotely. The changes in Government advice pauses the need for those in the clinically extremely vulnerable groups to continue to shield.

Importantly, the change in this guidance means that this group;

* Can go to work, as long as the workplace is COVID-secure – but to also carry on working from home if you can.

It is important to note that further safety measures should still be applied.

This group may still be at risk of severe illness if they contract coronavirus, so it is advised that they stay at home as much as they can and continue to take precautions when they do go out. This can be done by washing your hands regularly, avoiding touching your face and keeping 2 metres away from people outside of your household or bubble wherever possible.

Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough and/or loss of taste or smell.

**Clinically Vulnerable**

There is further information at Annex D on what is meant by Clinically Vulnerable staff.

Social distancing measures are steps you can take to reduce social interaction between people. The application of social distancing should be adhered to more stringently by those at increased risk i.e. the clinically vulnerable.

They are to:

1. Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough and /or loss of taste or smell.
2. Avoid non-essential use of public transport when possible. If you need to use public transport, you should follow the safer travel guidance for passengers. When travelling on public transport you are legally required to wear a face covering.
3. Work from home, where possible. It is understood that the critical nature of HMPPS key workers may prevent this being achieved.
4. Although you can meet people outdoors and indoors, you should be especially careful and be diligent about social distancing and hand hygiene.
5. Use telephone or online services to contact your GP or other essential services

For staff in the clinically vulnerable groups, we would look to implement social distancing in the workplace wherever possible in order to mitigate any risk. Priority must be given to facilitate this group in terms of flexible working arrangements, including working from home or other adjustments which limit contact with others. If it is not possible to make any adjustments to help maintain social distancing with others, paid special leave should be approved.

**Staff living with those who are extremely vulnerable**

During the peak of the pandemic staff living with or caring for those who are extremely vulnerable were supported to work from home or receive special leave with pay. This cohort of staff should continue to be supported to work from home where this is viable, however, where this is not the case, they are now able to return to the workplace assuming this is Covid secure. Should a decision be made to resume the need for extremely vulnerable persons to shield, then it may be appropriate for those living or caring for to work from home and if not, special leave with pay must apply.

## Other considerations:

Managers are encouraged to look at access and egress and maintaining the controls in the foreseeable movement the employee will take in the workplace. Managers should look at whether work start and finish times can be staggered to reduce the numbers of staff in the office and help staff to avoid travel on public transport at peak times. It is also important to look at scheduling work around critical tasks first and foremost, to prioritise work and to also ensure that sufficient staff have been trained to provide cover on such work.

## Annex A Template Risk Assessment



## Annex BProcess Flowchart

Additional Risk Identified by Manager or Raised by Employee

Meeting Held between Manager and Employee

\*Phone meetings may be appropriate

Risk Assessment Template Completed to include Risk Factors, a summary of Working Arrangements and Additional Controls

Manager to seek Support from specialists e.g. HRBP/H&S/Equalities Team

If Clinical view required refer to OH

Implement Working Arrangements/ Reasonable Adjustments or Shielding at Home (if resumed)

Set Review Point and Monitor

\*Minimum every 4 weeks

Risk Assessment Findings Not Agreed Risk Assessment Findings Agreed

Risk Assessment

Findings Agreed

Risk Assessment Findings Not Agreed

## Annex C Who is ‘clinically extremely vulnerable’?

Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place someone at greatest risk of severe illness from COVID-19.

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in the group.

1. Solid organ transplant recipients.
2. People with specific cancers:
	* people with cancer who are undergoing active chemotherapy
	* people with lung cancer who are undergoing radical radiotherapy
	* people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
	* people having immunotherapy or other continuing antibody treatments for cancer
	* people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
	* people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

People who fall in this group should have been contacted to tell them they are clinically extremely vulnerable.

## Annex DWho is ‘vulnerable’?

This group includes those who are:

* aged 70 or older (regardless of medical conditions)
* under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
	+ chronic (long-term) respiratory diseases, such as [asthma](https://www.nhs.uk/conditions/asthma/), [chronic obstructive pulmonary disease (COPD)](https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/), emphysema or [bronchitis](https://www.nhs.uk/conditions/bronchitis/)
	+ chronic heart disease, such as [heart failure](https://www.nhs.uk/conditions/heart-failure/)
	+ [chronic kidney disease](https://www.nhs.uk/conditions/kidney-disease/)
	+ chronic liver disease, such as [hepatitis](https://www.nhs.uk/conditions/hepatitis/)
	+ chronic neurological conditions, such as [Parkinson’s disease](https://www.nhs.uk/conditions/parkinsons-disease/), [motor neurone disease](https://www.nhs.uk/conditions/motor-neurone-disease/), [multiple sclerosis (MS)](https://www.nhs.uk/conditions/multiple-sclerosis/), a learning disability or cerebral palsy
	+ [diabetes](https://www.nhs.uk/conditions/diabetes/)
	+ problems with your spleen – for example, [sickle cell](https://www.nhs.uk/conditions/sickle-cell-disease/) disease or if you have had your spleen removed
	+ a weakened immune system as the result of conditions such as [HIV and AIDS](https://www.nhs.uk/conditions/hiv-and-aids/), or medicines such as [steroid tablets](https://www.nhs.uk/conditions/steroids/) or [chemotherapy](https://www.nhs.uk/conditions/chemotherapy/)
	+ being seriously overweight (a BMI of 40 or above)
	+ those who are pregnant

For pregnant women from 28 weeks’ gestation (the third trimester), or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised and you should follow the advice on the clinically extremely vulnerable. You should work from home if this is possible. If not possible, you should follow the guidance in this document with regard to risk assessment.