

Staff Work Risk Assessment for COVID-19 risk

Tool and Guidance 21/7/20. Version 1.2

Including guidance on supporting staff who are shielding and those more than 28 weeks pregnant after 1st August 2020

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Available Resources



Wherever possible, staff should work from home and adjustments may need to be made to allow this, e.g. improved use of technology.



All workplaces should be risk assessed and all reasonable steps taken to reduce risk to all staff.

As per Management of Health and Safety at Work Regulations 1999, Employers have a duty to assess risks and take measures to control risks at the workplace. Government COVID-19 workplace guidance exists for (among other areas):

- [healthcare](#)
- [care homes and domiciliary care](#)
- [main work sectors](#)

There is also guidance on COVID-19 in the workplace from nongovernment sources such as [CIPD](#) (Chartered Institute of Personnel and Development) on this.

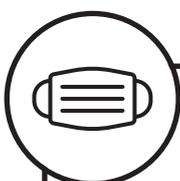
A tool for reducing workplace risk is available from the [Health and Safety Executive](#).

In Wolverhampton, sources of support in this include Environmental Health, and Public Health, or any department linked to your field of work (e.g. the Education Department for schools, business support line for businesses).

Further information about this tool, including FAQs, manager training sessions, and a video on how to complete the risk assessment form, is available [here](#).

For staff in the shielding group and those who are 28 weeks pregnant or more, please go straight to Appendix 3

This tool is based on assessment of available data on COVID-19 and its effects on risk groups.



This is not a guidance for PPE use – please see [government guidance](#) and contact relevant sources for advice for your work setting. Generally, workplace adaptations and role adjustments are likely to offer greater protection of staff, outside of care settings.

Introduction

Individual Risk Groups

This tool will allow employers to better understand what the grades of risk are for their staff, with closer attention to age, gender and BAME status. **Staff in the shielding group and those who are 28 weeks pregnant or more are only to be assessed using the guidance in Appendix 3 and using the dedicated risk assessment form for this group.**

These risks are emerging from UK data, and are reflected in national guidance from the [Faculty of Occupational Medicine](#) and the [Royal College of Obstetrics and Gynaecology](#). Age has emerged as the leading risk factor, and has been weighted accordingly in this tool.

RISK CATEGORY	CRITERIA
HIGHER	<input type="checkbox"/> >60 years <input type="checkbox"/> >55 years and ONE or more individual risk factors* <input type="checkbox"/> >50 years and TWO or more individual risk factors* <input type="checkbox"/> Any age and THREE or more individual risk factors* <input type="checkbox"/> Pregnant <28 weeks <input type="checkbox"/> Any severe health condition as determined by a health professional
MEDIUM HIGH	<input type="checkbox"/> >40 years <input type="checkbox"/> Any TWO individual risk factors* <input type="checkbox"/> Staff member lives with someone shielding
MEDIUM LOW	<input type="checkbox"/> Any ONE individual risk factor*
LOWER	<input type="checkbox"/> None of the above

Workplace Risk Groups

RISK CATEGORY	CRITERIA
1	<input type="checkbox"/> Performing all work duties from home.
2	<input type="checkbox"/> Can maintain social distancing. Staff do not share facilities e.g. kitchen and bathroom.
3	<input type="checkbox"/> Can maintain social distancing. Staff share facilities e.g. kitchen and bathroom.
4	<input type="checkbox"/> Cannot maintain social distancing. Time spent within 2m of others is only with the same small group of people.

There are nine workplace risk levels – **the one which best approximates the highest risk environment that the staff member is working in should be chosen.**

Final Assessment Matrix

Using the final assessment matrix, the individual and workplace risk levels can be combined to create a final risk colour – **Red, Amber** and **Green**. It is for the workplace itself to determine what specific actions are recommended for people in each group; however there is guidance on possible modifications later in this document. If the individual's workplace role is adapted, the assessment may be repeated.

	INDIVIDUAL RISK GROUP			
	LOWER	MEDIUM LOW	MEDIUM HIGH	HIGHER
1	Green	Green	Green	Green
2	Green	Green	Green	Green
3	Green	Green	Green	Yellow
4	Green	Green	Yellow	Yellow
5	Green	Green	Yellow	Yellow
6	Green	Yellow	Yellow	Yellow
7	Green	Yellow	Yellow	Red
8	Green	Yellow	Yellow	Red
9	Green	Yellow	Yellow	Red

Employee Wellbeing

It is recommended that the impact of COVID-19 is discussed with every individual employee holistically and in terms of their wellbeing.



There is useful online information on this (eg resources collated by [Mental Health at Work](#), curated by Mind, and [information presented by the CIPD](#), and this may be raised as part of an employee's regular meetings with their line manager. Severe anxiety about returning to work may be referred to occupational health for review. Please also see Appendix 'Risk Assessment and Equalities' in this document.

Mental wellbeing support can be accessed through the NHS's [Every Mind Matters resource page](#). It provides advice to start taking better care of mental health, including 10 simple things people can do to deal with anxiety about the coronavirus outbreak.

Decision to Risk Assess

EXTREMELY VULNERABLE (SHIELDING)

Staff in the extremely vulnerable group and those who are 28 weeks pregnant or more should not have a standard risk assessment performed. Instead see guidance in Appendix 3 and use the [dedicated risk assessment form for staff who are shielding or who are 28 weeks or more pregnant](#).



The list of conditions making people clinically extremely vulnerable (shielding) [can be found here](#) or in Appendix 1. Please see Appendix 4 for examples of communication in relation to shielding.



Risk assessments should be completed for all staff who cannot conduct all their working duties from home.

Staff living with a person who is vulnerable (as defined by the government's [clinically vulnerable risk group](#)) but not in the extremely vulnerable/"shielding" group, do not need a role adjustment, however as per all employees' roles, all practicable elements of workplace COVID-19 risk reduction should be in place.

Risk Assessment

Individual Risk Criteria

If staff member is in the shielding group or 28 weeks pregnant or more they should not complete this step, and should fill in the "[Staff Risk Assessment Form for COVID-19: Staff who are shielding or more than 28 weeks pregnant, if working from home is not possible](#)" after reading Appendix 3.

Box 1 (tick all that apply)

- Gender:** Male
- Ethnicity:** Black, Asian, and Minority Ethnic group (including mixed race)
- Health:**
- Lung conditions such as asthma, COPD, emphysema or bronchitis under current medical review (but staff member has not been told their lung disease is severe enough to require shielding)
- Heart disease (may include previous heart attack)
- Kidney disease
- A condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy or stroke)
- Liver disease (such as hepatitis)
- A weakened immune system as a result of health conditions such as HIV, or taking medicine that can affect the immune system (such as steroid tablets)
- Obesity with BMI >40. For a BMI calculator please see: www.nhs.uk/live-well/healthy-weight/bmi-calculator
- Diabetes

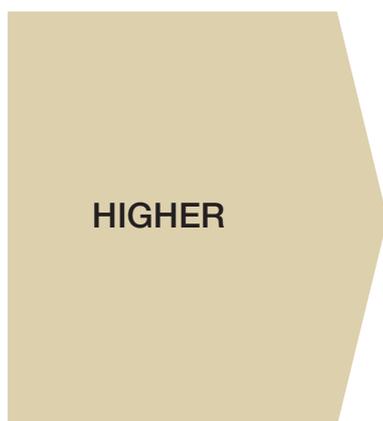
Total number of individual risk factors:

Individual Risk Groups

An individual enters the highest risk category where any of the criteria for that risk category have been ticked.

If staff member is in the shielding group or 28 weeks pregnant or more they should not complete this step, and should fill in the "[Staff Risk Assessment Form for COVID-19: Staff who are shielding or more than 28 weeks pregnant, if working from home is not possible](#)" after reading Appendix 3.

RISK CATEGORY



CRITERIA

- >60 years
- >55 years and **ONE or more** individual risk factors*
- >50 years and **TWO or more** individual risk factors*
- Any age** and **THREE or more** individual risk factors*
- Pregnant <28 weeks**
- Any severe health condition** as determined by a health professional



- >40 years
- Any TWO** individual risk factors*
- Staff member **lives with someone shielding**



- Any ONE** individual risk factor*



- None of the above**

*For individual risk factors see **Box 1** on page 5

Individual Risk Category:

Workplace Risk Groups

If staff member is in the shielding group or 28 weeks pregnant or more they should not complete this step, and should fill in the "[Staff Risk Assessment Form for COVID-19: Staff who are shielding or more than 28 weeks pregnant, if working from home is not possible](#)" after reading Appendix 3.

RISK CATEGORY

CRITERIA

1	<input type="checkbox"/> Performing all work duties from home.
2	<input type="checkbox"/> Can maintain social distancing. Staff do not share facilities e.g. kitchen and bathroom.
3	<input type="checkbox"/> Can maintain social distancing. Staff share facilities e.g. kitchen and bathroom.
4	<input type="checkbox"/> Cannot maintain social distancing. Time spent within 2m of others is only with the same small group of people.
5	<input type="checkbox"/> Cannot maintain social distancing. Time spent within 2m of others is with a wider range of people.*
6	<input type="checkbox"/> Cannot maintain social distancing. Direct physical contact with people necessary for role.
7	<input type="checkbox"/> Cannot maintain social distancing. Staff involved in Aerosol Generating Procedures** on people without symptoms of Coronavirus.
8	<input type="checkbox"/> Cannot maintain social distancing. Direct physical contact with people displaying symptoms of, or confirmed to have Coronavirus.
9	<input type="checkbox"/> Cannot maintain social distancing. Staff involved in Aerosol Generating Procedures** on people displaying symptoms of, or confirmed to have Coronavirus.

* (this includes unavoidable use of public transport to and from work e.g. at peak times where social distancing is not possible)

** Aerosol Generating Procedures – these are specialist medical procedures – see [national list](#).

Highest Workplace Risk Category:

Final Assessment Matrix

If staff member is in the shielding group or 28 weeks pregnant or more they should not complete this step, and should fill in the "[Staff Risk Assessment Form for COVID-19: Staff who are shielding or more than 28 weeks pregnant, if working from home is not possible](#)" after reading Appendix 3.

		INDIVIDUAL RISK GROUP			
		LOWER	MEDIUM LOW	MEDIUM HIGH	HIGHER
HIGHEST WORKPLACE RISK GROUP	1	Green	Green	Green	Green
	2	Green	Green	Green	Green
	3	Green	Green	Green	Yellow
	4	Green	Green	Yellow	Yellow
	5	Green	Green	Yellow	Yellow
	6	Green	Yellow	Yellow	Yellow
	7	Green	Yellow	Yellow	Red
	8	Green	Yellow	Yellow	Red
	9	Green	Yellow	Yellow	Red

Actions

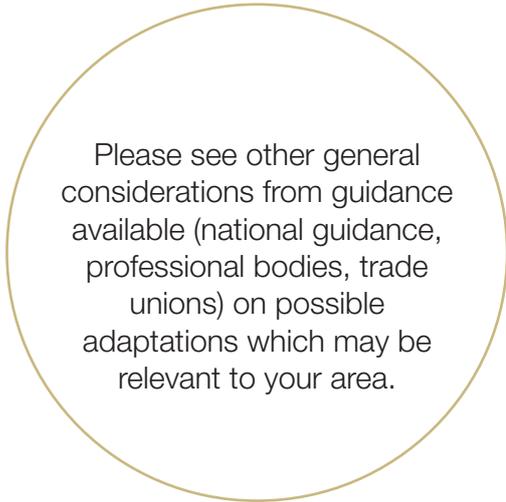
For all staff, please see [government guidance](#) for conducting a workplace risk assessment and managing risks and refer to any local guidance your organisation may have been provided with.

- **RED** – Support any staff with a red assessment level from the matrix above to work in an amber or green assessment level.
- **AMBER** – Risks in the Amber category are likely to be considerably lower than they are in the Red group. The employee may perform these roles with workplace risk-assessed adaptations, or precautions which could include more regular checking in with a manager, or transferring certain tasks to other people. Where lower risk staff members are available to perform the tasks that the staff member is currently in, these staff could be the preferred people to perform them.
- **GREEN** – Employee may perform these roles with standard precautions and workplace risk-assessed adaptations.

General Considerations

The following are generic suggestions of risk reduction – please consider adaptations which would specifically benefit employees at their workplace:

1. Consider whether public transport / rush hour can be avoided through adjustments to work hours.
2. Consider moving staff to an area with reduced contact with members of the public and/or other staff.
3. Avoiding any tasks or roles where social distancing is not possible.
4. Remote working if the staff member is enabled including access to equipment and Wi-Fi.
5. Consider face coverings for employee(s) (though the effect of this is small and should not be used in lieu of social distancing or appropriate PPE if government guidance recommends).
6. If working in a care environment, moving staff member away from working with any symptomatic people.
7. Consider regular check ins between managers and staff to support staff who are anxious or who are in an amber category, working with adaptations
8. There may be further guidance on risk reduction measures which your staff may benefit from, e.g. supplementary guidance written by the council or the employer
9. For pregnant health and care workers, employers should be aware of the [occupational health advice for risk reduction from the Royal College of Obstetricians and Gynaecologists](#)



Please see other general considerations from guidance available (national guidance, professional bodies, trade unions) on possible adaptations which may be relevant to your area.

References

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Risk assessments for staff - NHS Employers [Internet]. [cited 2020 Jun 4]. Available from: <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff>

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Coronavirus [Internet]. [cited 2020 Jun 4]. Available from: <https://www.england.nhs.uk/coronavirus>

Working safely during the coronavirus outbreak - HSE news [Internet]. [cited 2020 Jun 4]. Available from: <https://www.hse.gov.uk/news/working-safely-during-coronavirus-outbreak.htm>

Docherty AB, Harrison EM, Green CA, Hardwick H, Pius R, Norman L, et al. *Features of 16,749 hospitalised UK patients with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol*. [cited 2020 Jun 1];10. Available from: <https://doi.org/10.1101/2020.04.23.20076042>

Appendix 1 – List of shielding conditions making employees ‘extremely vulnerable’

Clinically extremely vulnerable people may include the following people.

Disease severity, history or treatment levels will also affect who is in this group.

Clinically extremely vulnerable people may include:

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 disease (COPD).
4. People with rare diseases 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.
7. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

People in this group should have been contacted to tell them they are clinically extremely vulnerable. If you're still concerned, you should discuss your concerns with your GP or hospital clinician.

Appendix 2 – Risk Assessment and Equalities

Black and minority ethnic staff

Emerging evidence shows that black and minority ethnic (BAME) communities are disproportionately affected by COVID-19. The reasons for this are not yet fully understood, but the health inequalities present for BAME communities have long been recognised.

CWC should ensure that line managers are supported to have sensitive and comprehensive conversations with their BME staff, recognising the long-standing context of race disparities. They should identify any existing underlying health conditions that may increase the risks for them in undertaking their frontline roles, in any capacity. Most importantly, the conversations should also, on an ongoing basis, consider the feelings of BME colleagues, particularly regarding both their physical safety, their psychological safety, and their mental health.

Pregnancy

Pregnant women at whatever stage of pregnancy are classed as at-risk. In addition, staff who are returning from maternity leave should be assessed against [government advice](#).

Age

There is evidence that COVID-19 has a greater impact in older age groups. Therefore, older staff may be more at risk as a result of increased age and likelihood of long-term conditions. Line managers will need to consider this and take into account government advice on vulnerable workers and shielding. All new staff should be encouraged to disclose any medical condition that might compromise their health.

Disability

In line with agreed policies and legal protections, disabled staff working across CWC are likely to manage their disability through the application of [reasonable adjustments](#). Some of these adjustments will be formally agreed and some informally adopted by staff to suit their own circumstances. It is possible that the current situation of the COVID-19 pandemic could bring further challenges for some staff with disabilities in terms of amending / altering any reasonable adjustments – and this should be assessed and explored as part of any risk assessment process.

Some disabled staff members may have a weakened immune system, leaving them more vulnerable to getting an infection. There may be issues associated with personal protective equipment (PPE) and those with a mental health condition may feel increased levels of anxiety and stress.

Government advice on vulnerable workers and shielding should be followed and every effort made to encourage all staff to disclose any medical condition that might compromise their health. For existing staff, undertaking a risk assessment will enable mitigating factors and additional support to be explored.

Gender

There is some emerging evidence to suggest that COVID-19 may impact more on men than women, so employers may need to review the approach they have taken in relation to risk assessment in light of this.

Religion or belief

The COVID-19 situation may coincide with specific religious events – some of which may require staff to fast. This may have an impact on the ability of individual members of staff to perform their role fully, especially when wearing the highest levels of PPE. Those managing services should have a thorough and comprehensive conversation with individual staff about how they will cope in these circumstances and consider what adjustments could be made.

Weight

There is emerging evidence to suggest that one of the risk factors for becoming seriously unwell with coronavirus is being obese. Some people, such as people of Asian family origin and older people, have comorbidity risk factors that are of concern at different BMIs. Occupational health advice might be required when considering risk factors in these groups, even in people not classified as overweight or obese.

As this is a developing pandemic and research is ongoing evidence is still evolving and therefore this guidance will be updated as this develops. It is helpful for employers to ensure those managing services are aware of this emerging area for them to be prepared to have sensitive conversations with staff where this is identified as a risk factor and anxieties exist.

Outputs and actions

Line managers should gather the relevant information as outlined above, through one-to-one conversations with their teams. Those managing services should listen carefully to concerns and provide support and consider adjustments or redeployment for any staff who are identified as being at greater risk.

Appendix 3 – Guidance for Employers in Wolverhampton supporting shielding staff or staff 28 weeks pregnant or more after 1st August 2020

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This guidance was written in mid-July 2020 and reflects the government advice and community risks from COVID-19 at the time. Depending on future community risks and government advice, the guidance may be relaxed somewhat, or it may become more restrictive.

Employers must keep abreast of national guidance on individuals who are in the “shielding”/“clinically extremely vulnerable” group (these terms are synonymous and henceforth individuals in this group will be referred to as “Shielders”). This is because they are considered most at risk of becoming severely unwell from COVID-19 disease, if infected.

The government guidance is that Shielders cannot work outside their home until 1st August. After this time, if unable to work from home and as long as certain conditions are met by their employer, they may work outside their home. However, the strong recommendation is that they work from home wherever possible.

The Key Guidance can be found in section 4.0 below.

1.0 Which individuals are currently shielding?

Shielders (see Appendix 4 for information on which individuals in Wolverhampton are in the shielding group) are a very small proportion of the workforce (potentially only 1-2% of the workforce, based on local large employer estimates). Shielders are generally considered at higher risk of getting severely unwell with COVID-19 than individuals who have been able to be at work before 1st August 2020.

Shielding conditions are listed in Appendix 1 of this document and are also available on the gov.uk website. Staff who are staying at home only to protect individuals they live with that are in the shielding group are not in the shielding category themselves. There is a category in the general staff risk assessment tool which can be applied to such staff.

Appendix 4 (Key guidance: Risk assessment for all Shielders and staff more than 28 weeks pregnant after 1st August 2020) outlines communications that individuals on the shielding list will have received from the NHS, and also outlines some other communications which have been released in Wolverhampton.

2.0 Which roles are likely to be appropriate for Shielders and staff more than 28 weeks pregnant after 1st August 2020?

Government guidance, and scientific evidence indicate that Shielders are likely to be the highest risk members of the workforce – therefore every effort must still be made to support them working from home where possible. However, if an employer is “COVID-secure” (see the core principles for a COVID-secure workplace here at the .gov.uk webpage, and further good practice for individual workplaces on these gov.uk pages), and where an individual risk assessment has been performed, an individual may be supported in returning to work. The processes for re-opening council Service will ensure that every service is COVID-secure once these have been carried out.

National guidance states that employers should support Shielding staff who cannot work from home to transition back to the workplace safely and to keep social distancing in the workplace, which may need to involve flexibility in how Shielders are deployed. Flexibility may also be needed to ensure working remotely is possible. The Health and Safety Executive’s guidance states that every possible step should be taken to allow Shielders to work from home. It also states that individual adaptations must be made and there must be ongoing review. Everything “reasonably practicable” must be done to protect staff from the risk of harm.

As a result of this guidance, roles may not be able to be found for some shielding staff members.

3.0 Pregnant staff

Staff who are less than 28 weeks pregnant are still generally recommended to work from home by the Royal College of Obstetrics and Gynaecologists. However, where a risk assessment supports a return to work outside of the home, they may work. Please use the general risk assessment tool for individuals who are less than 28 weeks pregnant.

Pregnant staff who are more than 28 weeks gestation are recommended to work from home where possible by current Royal College of Obstetrics and Gynaecologists FAQs for individuals in public-facing roles, and these women must be particularly attentive to social distancing. A risk assessment must be performed.

National (gov.uk) guidance does not make the distinction between those who are less than 28 weeks and more than 28 weeks pregnant and considers the whole of pregnancy as a “clinically vulnerable” state, although some pregnant women with pre-existing medical conditions are also Shielders (see Appendix 1) and need to be treated as such.

Recent evidence from hospitalised pregnant women shows that out of women admitted to hospital with COVID-19, the majority have been admitted in their third trimester.

4.0 Key guidance: Risk assessment for all Shielders and staff more than 28 weeks pregnant after 1st August 2020

We recommend that for Shielders, and staff more than 28 weeks pregnant, from 1st August:

1. **Every possible step must be taken to enable Shielders and staff who 28 weeks pregnant or more to work from home.**
2. **The Shielding Staff Risk Assessment Form "[Staff Risk Assessment Form for COVID-19: Staff who are shielding or more than 28 weeks pregnant, if working from home is not possible](#)" is to be used for all Shielders and for staff who are 28 weeks pregnant or more, who cannot work from home. We recommend that staff falling in these groups only work outside of their homes if stringent 2m social distancing can be adhered to at work AND the employer is COVID-secure.**
3. **Individual adaptations must be made for each person in these categories whose risk assessment allows them to work outside of their home, and there must be ongoing review. Re-review is mandatory and entails reviewing the individual's risk assessment and modifications at a maximum of 10 working days after starting work outside the home. Depending on a staff member's anxiety and outcome of the risk assessment, it may be appropriate to carry out a review before 10 working days. After this, review at regular 4-6 weekly intervals must be undertaken (can be part of regular one to one meetings with line manager).**

5.0 Mental Health

Individuals who have been shielding or are over 28 weeks pregnant are likely to find it particularly hard to adjust to working again, and the period of isolation may have also been tough. Mental health must be considered in the discussion held between a manager and employee when their return to work is being considered, and it may be in some isolated cases that returning to work is not in a person's best interests on August 1st, even if a risk assessment deems it possible. HR must be informed if this is the case. As for other staff members, a discussion of all risk-mitigation strategies which will be in place in the workforce is needed which may reassure the employee.

Occupational Health is well placed to address these issues and help support return to the workplace. A staggered return to work for mental health purposes may be considered, for example. Where a person is unwilling to accept a return to work, if in the council, HR should be consulted in the first instance, or Occupational Health. Outside of the council, similar sources of support should be sought. Government advice is that ACAS can mediate such a position.

Appendix 4 – Letters and other communications sent to individuals in the Shielding, and other groups

We are aware of several letters which have been sent to individuals in Wolverhampton concerning their health.

Letters which state that the person is a Shielder



Week of 23rd March

[Letter from NHS](#). This was sent to the first group of individuals that GP records suggested needed to be shielding. City of Wolverhampton Council will not be named in this communication.



April through to July 2020

Individuals were added to the shielding list, with notification by SMS or letter. These may have come from the staff member's GP, or on NHS letterhead or in an SMS from the NHS. City of Wolverhampton Council will not be named in these communications. An example of one such SMS can be found [here](#).



22 June 2020

[A letter](#) was sent out to all individuals who were at that point truly shielding explaining that shielding will be ending 1.8.20. Signed by Matt Hancock and Robert Jenrick and does not mention City of Wolverhampton Council. We are aware of some individuals on the shielding list who have not received this letter.



Received at any time

Letters from consultants or GPs. Some say "self-isolate for 12 weeks" (consider these as placing a person in the shielding group). Others say "shielding group"/ "clinically extremely vulnerable".

Letters which state specifically that they are not in the shielding group



From May 2020

Individuals were removed from the shielding list. This happened predominantly by SMS, and would have referenced the NHS or the staff member's GP, but not City of Wolverhampton Council.



Sent on or shortly after 22 June 2020

A letter from the Chief Medical Officer to GPs on 22/6/20 states that individuals who have been removed from the shielding group will receive a letter confirming that they are not Shielders – we are unable to say if this letter has been received by any ex-Shielders.

Letters which may be confused for letters about shielding, when they are not about shielding



Dated 23rd March (but may have arrived substantially later – until mid-April)

[Joint NHS/City of Wolverhampton Council letter](#) advising individuals who are likely to be vulnerable (but not necessarily Shielders) to stringently socially distance. This is not on its own confirmation of shielding status.

Where there is doubt about whether a person was truly in the shielding group, we advise contacting HR as a first port of call to confirm the status of the individual, or the individual may seek a letter confirming their status from their GP or specialist.

A very small proportion of Shielders will be unable to work outside of the house after 1st August, irrespective of what workplace adaptations are made – for example, there are some chemotherapy types, or procedures, where a medical specialist will always have recommended that a person stays at home for a certain period. The individual will have been told this and is likely to have documentation from their specialist team.

This tool has also been provided to assist our partners, such as Academies and other educational settings, however any other organisation should be seeking its own health and safety advice. No liability can attach to the Council in relation to the provision of this tool.

Ultimately any decisions on how the tool is used, the assessments reached and the appropriate steps taken are the responsibility of the relevant organisation and not the responsibility of the Council.

This document has been co-created with input from Wolverhampton CCG,
and the Royal Wolverhampton NHS Foundation Trust

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audio or in another language by calling 01902 551155

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