# Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in school settings

## Introduction

There is an officially acknowledged high and disproportionate number of deaths of Black, Asian and Minority Ethnic (BAME) people due to COVID-19. As such, there is a need for initial guidance on risk mitigation for urgent implementation across all education settings.

## Risk assessment

Risk assessment should be carried out for all staff, but especially for BAME staff as a priority, so that a personalised risk mitigation plan can be put in place for each member of staff. This requires an open and collaborative one to one conversation between the staff member and line manager, aided by the HR or occupational health team as required. It should be conducted within a “done with”, co-production approach with the staff member, and not a “done to” approach. This means that the staff member should see the risk assessment document and paperwork before the one to one conversation takes place.

## Risk mitigation

Surveys and accounts from various professional medical and nursing bodies indicate that BAME staff face particular issues with being supported with measures to reduce their exposure to risk. The assumption is that this may be the same across other caring professions, including for teaching and school support staff professionals.

Measures to reduce exposure to risk must be implemented as a priority to protect the lives of staff and students. The measures will need to be in place for some time as the pandemic takes its course, so need to be sustainable. There is a widespread assumption at senior levels of the NHS that a “second wave” of COVID 19 is likely in late Autumn 2020. Regular feedback to see whether interventions are working is vital.

Long term work designed to improve organisational culture and capability will also enhance risk management.

## Personal protection equipment (PPE)

Appropriate PPE should be made available and clear instruction and training should be provided to school staff regarding how to wear and dispose of, or re-use these, where fitting. There is ongoing debate for and against use of face masks/face coverings in general for staff, students and the public - guidance should be updated as the evidence evolves and is made available.

Students should be offered an explanation and reassurance about staff wearing PPE.

## Staff testing

There is now a national testing process for England. It should be offered to staff with consideration given to prioritising BAME staff and their families, to enable healthy staff to attend work.

**Aids for remote working**

It is advised that organisations provide resources for remote working for all staff as priority.

## Redeployment

BAME staff should be considered for redeployment to lower risk work areas or home working. A proactive offer by the manager as part of an ongoing review, keeping staff needs in mind, will engender confidence that the staff members’ needs are being taken seriously.

## Working from home

If completely working from home or redeployment is not possible, a balance between working from home and school may be a way of reducing COVID-19 risk exposure. This should be carefully and actively considered rather than staff being made to feel guilty.

## Other infection prevention and control measures

Social distancing in all work areas including staff rooms, classrooms and dining areas and hand washing should be undertaken as described in national guidance and should be strictly maintained.

# Support for BAME school setting employees to manage additional impact of COVID-19

## Vitamin D supplements

Although there is no evidence to suggest that Vitamin D gives specific protection against COVID-19 or prevents complications associated with the virus, low levels of Vitamin D may predispose to severe infection. Staff should be encouraged to have their Vitamin D levels tested, especially BAME staff members. Line managers should meet to discuss ways of making this advice available to staff, especially BAME staff as a priority, as they may be overrepresented in those with low levels of Vitamin D.

## BAME staff engagement

Engagement with BAME employees should be a priority, including any staff networks, committees, union and other representative groups that should be invited to Q&A and other engagement events with senior staff. This can ensure the BAME voice is heard by leaders. Staff forums can be useful mediums to initiate debate. It is vital to discuss this issue in all mainstream staff side forums and not just with BAME colleagues. These issues are not just BAME issues but have relevance to all staff and to the whole organisation.

## Psychological safety

Staff will need reminders of avenues available to speak out about issues such as poor access to equipment, bullying, and other issues, with an aim to reduce fear of raising concerns and ensuring there is a safe space to do so.

**The risk assessment process**

The risk assessment tool (below) is a means of structuring the assessment

# Risk assessment tool for staff during the COVID-19 pandemic

|  |  |
| --- | --- |
| **General information**  |  |
| Staff member’s name(s)  |   | Job title  |   |
| Line manager  |   | Manager’s job title  |   |
| Work location  |   | Working hours  |   |
| Date of assessment  |   | Review date  |   |
| Individuals underlying health condition category / other factors  | *Please tick appropriate box*  |   |  Current post involves  | *Please tick appropriate box*  |   |
| Notified as on 12 week shielding (very high risk group)  |   | Direct contact with other adults  |   |
| Age (>65 years) Please tick if age is over 50 for BAME staff  |   | Direct contact with children under 12  |   |
| Diabetes  |   | Direct contact with children over 12  |   |
| Chronic lung disease  |   | Providing support to colleagues within the setting (e.g. cleaning, estates, IT)  |   |
| Chronic heart disease  |   | Providing support to colleagues but not directly in the setting (e.g. training)  |   |
| Cancer  |   |   |  |
| Pregnancy please tick if over 28 weeks, under 28 weeks if pre-existing risks present  |   |
| Immunosuppression  |   |
| Pre-existing disability that impacts on respiratory morbidity  |   |
|  | Impact of carers stress or concerns about family  |   |  |
|  | BAME background  |   |
| Gender (please tick if male BAME above 50)  |   |
|   | Is there a anyone that you live with who is “shielded” in according with the Public England schedule of conditions requiring shielding  |   |   |

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| --- | --- |
|  | **What are you already doing?**  |
| **Interventions**  | **Current position**  | **Additional action to reduce risk**  |
| Can this work be done at home?  |   |   |
| Could alternative work be undertaken at home or elsewhere across the school/trust (redeployment)?  |   |   |
| Can face to face interactions be limited?  |   |   |
| Have arrangements been made for remote working?  |   |   |
| PPE  |   |   |
| Access to swab testing and prioritising at-risk groups and their family members  |   |   |
| Has the individual had any sickness in the past linked to their health condition?  |   |   |
| Has the individual had a Vitamin D test showing deficiency?  |   |   |
| What arrangements are you going to put in place to ensure  |   |   |
| regular contact/wellbeing?  |  |  |
| Other considerations:     |   |   |

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| **Assessment**  |
| *Please tick appropriate box*  |   | ***Monitoring / further action***  |   |
| Actions agreed as detailed above reduce the risks to the colleague  |   | Manager to review and monitor  |   |
| Actions agreed as detailed above do not fully reduce the risk to the colleague / some concerns remain  |   | Seek further advice and support  |   |
| **Additional notes**  |
| Please add any additional notes as appropriate / following discussion with appropriate advice and support provider                  |
| Individual’s signature (can be electronic signature of reference to email confirmation)     | Date signed  |
| Print name    |   |
| Line manager’s signature (can be electronic signature of reference to email confirmation)  | Line manager’s job title  |
| Print name    |   |
| HR manager’s signature (can be electronic signature of reference to email confirmation)     | HR manager’s job title  |
| Print name    |   |

**Guidance notes:**

1. The tool is intended to provide structure to a one to one conversation with a staff member to seek a pragmatic and safe working arrangement – it should be conducted within a “done with”, co-production approach with the staff member, and not a “done to” approach. This means that the staff should see the risk assessment document and paperwork before the one to one conversation.
2. There should be guidance produced for staff and line managers to follow should there be a disagreement regarding either the outcome of the risk assessment or the follow up action to be taken.
3. The risk assessment can be used in conjunction with but not replace occupational health assessments of pre-existing disabilities
4. It is recommended that the risk assessment is completed by a line manager, co-signed by a member of staff and further validated by the HR department
5. The risk assessment should be a rolling programme – and should be done again at least every time any family or household member is required to self-isolate, and the staff member should be told with clarity as to what happens immediately
6. Please refer to NHS advice on risk factors and the government advice on shielding staff [here](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) 7. Suggested approach to interpreting risk factors are below:

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| **Number of risk factors**  | **Proposed action**  |
| Singular risk factor  | Consider home working  |
| Multiple factors (>/=2) or have a very high risk single risk factor  | Strong emphasis on home working  |

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