BAME RISK ASSESSMENT

AND

SCORECARD

This document has been adapted for use by SOS Medical Staffing from the original document as referenced below

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Safety Assessment And Decision (SAAD) Score (2)

SAAD Score (2) for BAME Community during a COVID-19 Pandemic Infection

In the current climate with the COVID-19 pandemic there is significant concern amongst all clinicians around the potential consequences of being infected, this being exaggerated in the Black, Asian and Minority Ethnic (BAME) community due to the excess deaths faced by this cohort. In compiling this score card, the co-authors have approached the task with both a personal and professional responsibility. Some of the co-authors have suffered and recovered from a COVID-19 infection, some have buried a local colleague and friend who was a General Practitioner (GP) and some have expressed concern related to the disproportional deaths in the BAME community.

This scoring system has been constructed following a review of many research papers and guidance available. In some cases, there has been a lack of available data to make a clear recommendation and accordingly the group has reflected on the data available and used their clinical experience to propose a pragmatic approach. The system has been developed for all staff within General Practice including both clinical and non-clinical staff. This is also applicable to all ethnicities within the practice.

The recommendations and scoring below are guidance and where required the staff member and manager can with mutual agreement list alternative conditions that support the needs of the GP practice, whilst ensuring a safe work environment for the staff member.

In using this scorecard the SOS Medical will adopt the following:

- **Print the score card and pass to staff member**
- **Allow staff member to review the scorecard in advance of the meeting**
- **Arrange meeting to jointly go through the scorecard**
- **Record the findings by circling/ticking all relevant boxes**
- **Staff member having any one of the four risks in the 'high' risk category will automatically place themselves in the 'high' risk category irrespective of other variables**
- **Discuss mental health and well-being concerns with staff member (no score for this, tick the box once concerns discussed and any actions agreed)**
- **Complete each row and then add all rows to provide a total risk figure**
- **Based on the score, review the relevant roles for the staff member as highlighted below and according to their contractual duties**
- **Record any decisions made to mitigate/reduce risk**
- **Record a review date and store in staff file for future review (provide staff member a copy of the score card)**
- **This score card is not for workers that fulfil the government criteria for 'Shielding' – these workers should follow national guidance and stay at home**

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SCORE CARD

Staff name: **Manager name:** **Date:**

Points						
	1	**2**	**3**	**4**	**High Risk**	**Row Score**
Age	**40-49**	**50-59**	**60-69**		**70 and above**	
Ethnicity	**White Chinese Mixed Origin**	**Indian**	**Bangladeshi Pakistani Middle East**	**Black**		
	*BAME Other: Any staff that do not fall into one of the categories above, score according to other ethnicities above					
Gender	**Female**	**Male**				
Obesity (BMI) kg/m2 Appendix 1	**Over 23 (exclude white/Chinese /mixed**		**Over 30 (white/Chinese /mixed)**	**Over 30 Exclude white /Chinese/ mixed)**	**Over 40 (all groups)**	
Pregnancy		**Under 28 weeks**			**Over 28 weeks**	
Medical Conditions Appendix 2	**One Condition**			**Two Conditions**	**Three Conditions**	
Vitamin D nmol/L Appendix 3	**30-50**	**Under 30**				

Total Score:

Mental health & well being review details:

Mild Risk Score 1-8	Moderate Risk Score 9-12	High Risk Score 13 or more

Action taken:

Signed: _____ _____

Print: _____ _____

Staff Manager

• Regularly review working environment with staff member

• Document actions agreed between staff and manager (Review 6 monthly or earlier if any conditions with staff change or during appraisals after first review)

• Raise any concerns about limitations in implementing safe environment for staff member with employer

Appendix 1: Obesity

Although many score cards available refer to obesity above a BMI of 30, data available is clear for the BAME community this risk increases with a BMI of 23, with further significant risk with a BMI of 27.5 and above.

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Appendix 2: Medical Conditions

Each of the conditions below would be considered for the score card. Some of the conditions will be the same as the shielding category but will be 'severe' in the shielding category and 'mild' or 'moderate' for this score card. Medical conditions in each category should be assessed individually ie heart failure with a past history of heart attack would be considered as 2 points.

• Respiratory problems (Asthma (taking daily inhaled steroid)/COPD/Bronchiectasis)

• Heart Problems (Heart Failure, Angina, History of Heart Attack)

• Chronic Kidney Disease (stage 3 and above)

• Chronic Liver Disease including Hepatitis

• Chronic Neurological Conditions (Parkinson's, Motor Neurone Disease, History of Stroke (CVA), Multiple Sclerosis, Cerebral Palsy)

• Diabetes (Type 1 or 2)

• Reduced Immune Response - AIDS/HIV, regular oral steroids

• Hypertension (on one or more anti-hypertensive medication)

• Ongoing inflammatory bowel conditions (Crohn's, Ulcerative Colitis)

Appendix 3: Vitamin D

At present it would appear that the role played by Vitamin D is unclear in the management of Covid19. It is uncertain as to whether it provides specific protection towards Covid-19 or whether it prevents respiratory complications. There does appear to be evolving evidence to suggest that in people who have Vitamin D levels of insufficiency or deficiency, the outcomes in patients who develop Covid-19 appear to adversely impact both mortality and morbidity. This appears to be level dependent and worse as levels of Vitamin D decline.

On balance the group are of the opinion that the benefits of taking Vitamin D replacement outweigh the risks associated with this.

Three of the GPs coincidentally from this group had their Vitamin D levels checked. All three are well with no known past medical history and take no medications. Their body mass indexes vary between 23-30 Kg/m2. The Vitamin D blood levels returned with two GPs having a result around 24nmol/L and one having a blood Vitamin D level of 14nmol/L.

Measurement of serum 25OHD, which is 25-hydroxy Vitamin D provides the best estimate of Vitamin D status.

We are of the opinion that members of staff working within general practice, from a BAME ethnicity should have the opportunity to have their Vitamin D levels checked. We suspect that BAME staff may be over represented in those with low levels of Vitamin D.

A subsequent blood test after three months of replacement therapy should be considered to check the response to Vitamin D replacement therapy.

Where results of Vitamin D levels are unavailable, all ethnicities of staff should be considered to have a minimum of Vitamin D insufficiency for the scoring system. Discretion can be applied as to whether to consider the level to be in the deficient range. (If no blood test result available then score 1 point for ALL ethnicities)

Local and national guidance should be followed relating to replacement therapy.

http://gmmmg.nhs.uk/docs/nts/NTS-Recommendation-on-Vitamin-D-deficiency-and-insufficiencyadults.pdf

Appendix 4 – Mental Health and Well-being

There could be significant mental trauma for the staff in light of the current situation. The manager should enquire about any support the staff may require with open ended questions such as 'What can I do to help?' or 'How can we help you?'. The meeting should take place in a quite private setting without interruptions to ensure the true feelings and concerns of the staff member can be captured. Any issues raised by staff need to be addressed with a bilateral discussion on what solutions are available to address the concerns raised with a documented plan with time line to implement any solutions.

Additional resources:

Coaching and support for primary care staff psychological well-being https://people.nhs.uk/lookingafteryoutoo/

Well-being and resilience toolkit: https://beyond-coaching.co.uk/nhs-online-toolkit/

Well-being poster: https://nshcs.hee.nhs.uk/wp-content/uploads/2020/04/A4-WELLBEING-POSTER.pdf

Health and well-being Response: https://glosprimarycare.co.uk/wp-content/uploads/2020/04/Health-and-Wellbeing-packageApr20.pdf

Communication Brief: https://www.eastmidlandsdeanery.nhs.uk/sites/default/files/comms_brief_v2_07.04.20.pdf

Mental Health Helplines: https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/

Support Now: https://people.nhs.uk/help/

COVID-19: Guidance on risk mitigation for BAME staff in mental healthcare settings (RCPsych): https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19guidance-for-clinicians/risk-mitigation-for-bame-staff

Appendix 5 – Work related precautions

Ensure staff are familiar with the following:

• Correct hand washing technique and duration

• Appropriate use of face masks around the building and access to appropriate PPE based on level of risk for clinical staff (both in clinic and for home visits)

• Social distancing in the building both during work and during breaks

• Review practice policy to ensure staff are responsible for reporting any illness to their line manager which could affect the safety of other staff or patients using the premises

• Staff familiar with symptoms of COVID-19 infection

• Staff familiar with how to arrange COVID-19 swab if required

• During the current pandemic staff kept up to date on changes in practice policies and adaptation

Appendix 6 – Examples of staff and scoring
Male – 2 points Indian – 2 points Age 56 – 2 points BMI 28- 1 point No medical conditions – 0 points Vitamin D (38) – 1 point Score – 8 points - Mild Risk Category
Femal e– 1 point Black – 4 points Age 42 – 1 point Diabetic (IDDM) – 1 point Vitamin D (14) – 2 points Score 9 points – Moderate risk category
Male – 2 points Egyptian – 3 points Age 64 – 3 points BMI 36 – 4 points Angina & Diabetic – 4 points No vitamin D level – 1 point Score 17 points – High risk category

8 These examples are only for illustrative purpose. The scoring will depend on the individual staff member's views on their scoring within the table and a discussion with their manager on the required interventions to minimise or mitigate risk.

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References

The references below were used to support constructive group discussion and assist in producing this document:

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2. Faculty of Medicine (2020) Risk Reduction Framework for NHS Staff at risk of COVID-19 infection (2020) https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-atrisk-of-COVID-19-infection-12-05-20.pdf

3. Office of National Statistics (2020) Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020

4. Risk stratification for Healthcare workers during CoViD1-19 Pandemic: using demographics, comorbid disease and clinical domain in order to assign clinical duties.
https://www.medrxiv.org/content/10.1101/2020.05.05.20091967v1.full.pdf+html

5. NICE Public Health Draft Guidance – Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK: https://www.nice.org.uk/guidance/ph46/documents/bmi-and-waist-circumference-black-andminority-ethnic-groups-draft-guidance2

6. NICE Obesity - Identification, assessment and management:
https://www.nice.org.uk/guidance/cg189/ifp/chapter/Obesity-and-being-overweight

7. GMMMG – Treatment of Vitamin D Deficiency and Insufficiency in Adults: http://gmmmg.nhs.uk/docs/nts/NTS-Recommendation-on-Vitamin-D-deficiency-and-insufficiencyadults.pdf

8. Evidence that Vitamin D supplementation could reduce risk of Influenza and COVID-19 infections and deaths: https://www.ncbi.nlm.nih.gov/pubmed/32252338

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Disclaimer

Collectively the co-authors have almost 200 years served in General Practice. The co-authors have worked in a variety of organisations including Local Medical Committees, General Medical Council, commissioning including PCGs/PCTs/CCGs/NHSE, Clinical Director (CD), appraisals, medical education and training, schools, GP Federations, out of hours services, charities as well as other healthcare settings. With this combined experience it is still difficult to consider and cover every eventuality within General Practice. The SAAD Score is provided as guidance and should be used as such. At practice level the staff member, with their line manager, should use the score card as an aid-memoire. Where necessary if a clear option is not available, then with mutual agreement a solution should be sought. If there is a disagreement in the role and function following an assessment, it is up to the employer to seek either HR (Human Resource) advice. If the ability of the staff to undertake their role is raised then it may require referral to an Occupational Health physician. The co-authors take no responsibility for any consequences related to problems generated within a GP practice related to the use of the SAAD Score system.

The co-authors have reviewed a number of research articles and guidance available. Following scrutiny and discussions, the co-authors have constructed the SAAD Scoring system. With emerging evidence, the scoring system will be revised and it is up to the score system user to ensure they have access to the latest version available. In using the system, we would request that the weighting and criteria within the system is not changed in anyway if sharing with other service providers. At practice level the co-authors would encourage the staff member to self-assess their position based on individual circumstances and experience. They may score themselves outside the allocated score in the system, which will then be for discussion with their line manager and employer. The co-authors would encourage supportive discussions between managers and staff members in a way that acknowledges the particular pressures faced by BAME staff during Covid-19.