

COVID Face to Face Delivery Work Risk Management Approach

1. Introduction

In March 2020 Refugee Action suspended all face to face contact with clients, and replaced this with virtual working, using telephone calls, Zoom and Skype.

There have been a handful of isolated pieces of client contact throughout the last six months, for essential reasons – we have enabled this based on client need and staff willingness, underpinned by a risk assessment on each individual piece of contact and signed off by the relevant SLT lead.

The Virus will be a reality in the UK for some time, and the need for us to offer face to face services for essential reasons is becoming more pressing. There's no 100% safe way of protecting our delivery teams and clients from C19. We can only plan for a 'safer' recommencement of resettlement through exploring risk, as it may apply to individuals, and steps to minimise it.

However, we also have to balance this with the operational and management capacity to assess risk and nature of offsite client contact being incredibly dynamic and difficult to control and predict. Therefore we are proposing an approach that looks at a defined 'risk management template' for discrete areas of activity supported by this framework approach for staff and managers to dynamically assess and manage risk in the moment.

The three defined areas are:

- Home Visits
- Community Based Appointments
- Arrivals

2. Our overall aim

Our overall aim is to:

- Improve the effectiveness of Refugee Action by enabling staff who wish to work from the office or directly with clients to do so in safety and security and in line with government guidance.

No staff, volunteers, interpreters or clients will be required to work face to face during this period unless they wish to do so. Face to face work will only be undertaken where it is essential to achieving a client outcome and there are no other routes to achieve this.

3. Scope and Guiding Principles

Scope

This process applies to 'All Parties' to a face to face intervention. This includes; Staff, Clients, Interpreters and Volunteers.

Everyone will have individual characteristics and circumstances that may impact on their sense of safety, or their willingness to engage in face to face service delivery – whilst we can formulate an approach to delivering services Line Managers will need to have a discussion on a case by case basis with all individuals involved to determine their personal circumstances and therefore the levels of risk that present to them (E.g. if they have particular medical vulnerabilities, or share a home with

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people that do) this includes clients who will have their own wishes and feelings around face to face contact.

Essential Work Only

Face to face contact should be minimised, and only implemented when essential to achieving a client outcome. For example:

- There is a safeguarding concern that requires observation of the family in their home, or a difficult conversation
- There is an essential medical appointment that the client is unable to navigate without support
- There is an essential legal or financial appointment that the client is unable to navigate without support

Some face to face contact may be determined as essential due to a partner or other agency position on face to face work – when this is the case Refugee Action ought to conduct our own risk assessment of the situation regardless of another agency's position.

Face to Face interpreting should only be in place where essential also. Every effort should be made to use a telephone based interpreter.

During the appointment only those issues where it is essential for us to be face to face should be addressed. If anything else arises the lead staff member must explain that any other non essential issues will be followed up remotely and the time spent face to face must be kept to a minimum.

Whilst the period of lockdown has been massively challenging, there has also been some really interesting learning for us that we need to be mindful of when exploring a return to some elements of face to face contact. We are not seeking to return to the service model we had – and certainly not while the virus continues to have an impact. We are seeking to identify the safest way possible to deliver face to face work when it is essential to do so, and to continue to explore and embed learning regarding remote working.

Minimising frequency of Face to Face contact.

We need to be mindful of the risk we pose to our client group, and one another, in the event that we return to face to face service delivery. Our old model of working – moving from home visit to home visit, poses significant risks for us being a spreader of the virus. No party to the work should have more than one piece of Face to Face contact per week.

Risk Management Approach

The risks will be dynamic and fluid. We can plan an approach through this process, but each face to face contact will require delivery teams and managers, to dynamically assess risk in the moment – this doesn't mean conducting a written risk assessment for each contact, it means running through potential risks mentally, or in discussion with a colleague, and taking any necessary steps to mitigate it before embarking on a piece of work.

There will be a three stage process for each face to face intervention that the line manager will need to conduct, this will require sign off by the Service Manager.

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The Line Manager will be required to:

- Explore the Work Environment being proposed – is it essential that the Work Environment cannot be remote? Does the proposed environment represent too many variable risks?
- Ensure the member of staff has explored the appropriate Risk Management Template for the aspect of work under consideration
- Explore the personal characteristics of the individuals being proposed for the particular piece of work

A briefing must be arranged in advance with clients, interpreters and volunteers – this must be explained to all parties by the lead staff member prior to commencement of delivery. If at any point unforeseen risks emerge, or any party deviates from the Risk Management Approach the session must be terminated immediately.

Risk Reduction Framework

COVID – 19

The Risk Management Template

These are in place for the particular aspect of face to face working in RA. Operational Managers should be considering the impact of COVID-19 and what control measures need to be introduced specifically around routes of exposure and the vulnerability of all stakeholders in RA work for which they are responsible for, this includes: staff members, clients, interpreters and volunteers



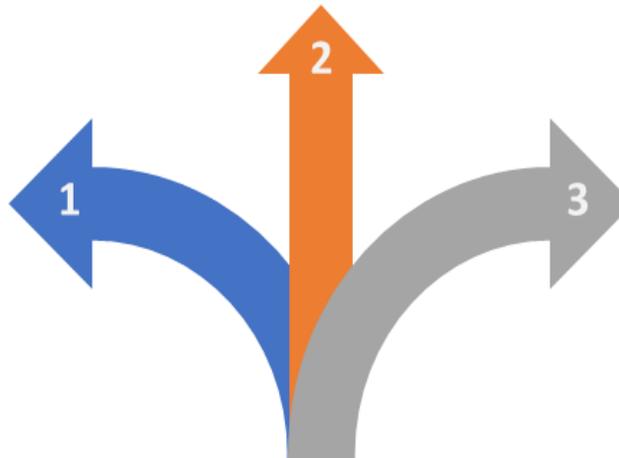
The Work Environment

Take into consideration the ability to maintain social distancing and likelihood of exposure to COVID-19 within the workplace(s)

Hierarchy of control

- Eliminate possibility of exposure – Home Working / reduced need for travel and physical attendance at locations
- Reduction by hygiene measures
- Safe systems of work
- Task Specific PPE including training and fit testing

Monitor the Effectiveness of these measures and adherence to the controls put in place.



The Person

Age - those aged over 70 are particularly vulnerable
Clinically vulnerable people - those with underlying health conditions.

Ethnicity – Black, Asian and Minority Ethnic, those at increased risks, particularly aged above 55 or have comorbidities (multiple medical conditions occurring at the same time).

Pregnancy - in particular those who are over 28 weeks or have underlying health conditions

Disabilities identified which may be the subject of reasonable adjustments

Talk through the control measures with your team and address the concerns of all.

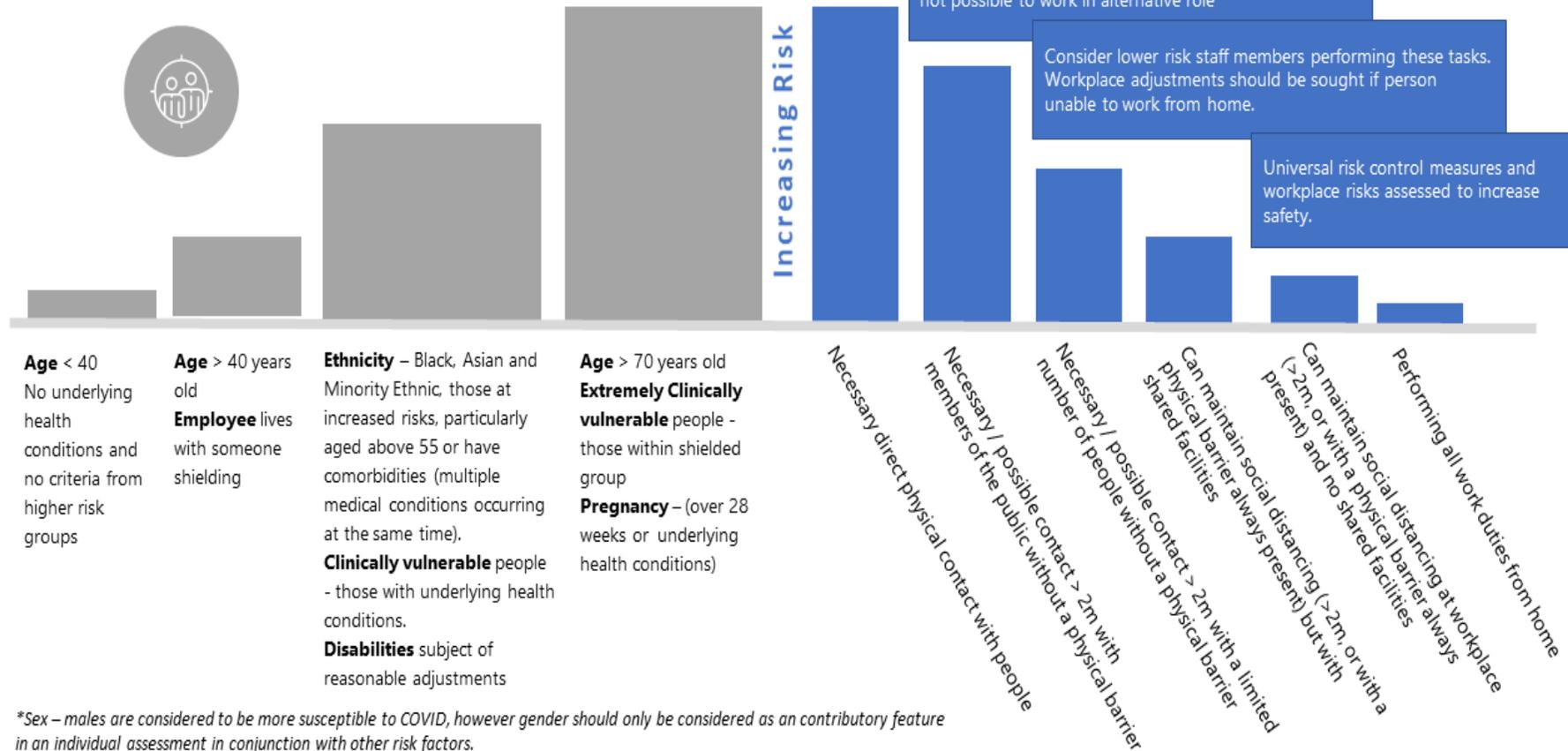
Risk Reduction Framework Considerations

Workplace Risk Factors

Individual Risk Factors and Workplace Risk Factors – only if working from home cannot be preserved



Individual Risk Factors



*Sex – males are considered to be more susceptible to COVID, however gender should only be considered as an contributory feature in an individual assessment in conjunction with other risk factors.

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