

Reference Number: F4655 Date of Response: 13th June 2022

Further to your Freedom of Information Act request, please find the Trust's response, in **blue bold text** below:

Royal Devon's Eastern FOI Office Response

 Please let me have a copy of the risk assessment / reassessment related to the decision at RD&E to no longer protect third trimester pregnant nursing staff by taking them off frontline close contact duties with new patients and visitors.

The Trust can confirm that there are still ongoing COVID-19 risk assessments for pregnant staff more than 26 weeks being able to work in clinical areas. The risk assessment is done using a modified ALAMA system that has been approved by the Trusts Clinical Effectiveness Committee.

Please see the attached COVID-19 Staff Risk Matrix.



Joint Eastern & Northern COVID-19: Staff Risk Matrix

Point of Contact/author			
Approved by:	V5 -RDE 23 September 2021 &NDHT 7 October 2021 V6 RDE CEC 29/11/21 & NDHT 12/12/21 V7 RDE CEC 18/02/22 & NDHT 3/3/22 V8 Joint CEC 27/4/22		
Date approved:	V5 -RDE 23 September 2021 &NDHT 7 October 2021 V6 RDE CEC 29/11/21 & NDHT 12/12/21 V7 RDE CEC 18/02/22 & NDHT 3/3/22 V8 Joint CEC 27/4/22		
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1. Covid Staff Risk Matrix

The current Staff Risk Matrix on the next page is the matrix agreed by both North and East for working arrangements for staff members at a given time, based on the locally confirmed 'Trust COVID Alert Status', against the staffing risk matrix sub categories, and against a staff members' individual 'vulnerability' level, as per the outputs of their individual risk assessment.

The Trust COVID Alert status is recommended by COVID alert status group who review multiple factors including, but not limited to, outbreaks, transmission, modelling and prevalence. The recommendations from the COVID alert status group will be taken to Gold Command via the Clinical Effectiveness Committee following their review and endorsement.

At all times (including breaks) staff should ensure they are following Trust PPE guidance, maintaining the Hands, Face, Space principles.

The proposed updated and amended risk assessment matrix is as below:

Overall Trust COVID alert status*	LOW	MEDIUM	~	HIGH	\rightarrow
Staffing risk matrix sub-categories	Very Low	Low	Pre High	High	Very High
Low and moderate vulnerability Pregnant <26/40 & no COVID risk factors (Age>35/BMI/BAME/significant medical conditions)	Normal duties	Normal duties	Normal duties	Normal duties	Normal duties
High vulnerability (clinically vulnerable) In clinical Areas Pregnant <26/40 with COVID risk factors	Normal duties Avoid exposure to AGPs in Covid areas	Normal duties in Non Covid areas Avoid exposure to AGPs in Non Covid areas	Normal duties in Non Covid areas Avoid exposure to AGPs in Non Covid areas	Normal duties in Non Covid areas Avoid exposure to AGPs in Non Covid areas	Work from home or office based COVID- 19 risk assessed area
High vulnerability (clinically vulnerable) In non-clinical areas Pregnant <26/40 with COVID risk factors	Normal duties	Normal duties	Normal duties	Work from home or office based COVID-19 risk assessed area	Work from home or office based COVID- 19 risk assessed area
Very High vulnerability (clinically extremely vulnerable)	Work in Non Covid areas only ^a	Work from home or office based COVID- 19 risk assessed area If fully vaccinated pregnant with	Work from home or office based COVID-19 risk assessed area	Work from home or office based COVID-19 risk assessed area	Work from home
Pregnant > 26/40		no other risk factors can work in Non Covid areas ^a	If fully vaccinated pregnant with no other risk factors can work in Non Covid areas after OH discussion		

^a Pregnant staff who are anxious about being at work can request for a 1:1 discussion with OH

The main change is that fully vaccinated staff who are pregnant >26 weeks and have no other risk factors are able to continue working in Non COVID areas. Whilst recent data has been released that with the Delta variant, up to 1 in 3 patients in ITU and 1 in 4 patients on ECMO were pregnant leading to around 50 deaths nationally. However, more detailed information released by Prof Chris Witty during the Downing Street news conference on 15th November 2021 indicated that 98% of pregnant women in ITU or on ECMO were unvaccinated.¹ Therefore, the chances of fully vaccinated pregnant staff with COVID getting very unwell is low. However, at this point, this is to be tempered with the still unquantified risk of pre-term delivery in vaccinated pregnant women. Data regarding Omicron variants and their effects on pregnant women are not available yet so until this is clearer it is proposed this position is maintained

2. COVID and Non COVID areas

There is a change from Red, Amber, Green areas to COVID and Non COVID areas. If there is an unexpected patient who is found positive in a non COVID area, it is assumed that the bay that the patient is in is a COVID area. Similarly, if there is an outbreak in a non clinical area, that area is assumed to be a COVID area until 14 days after the last staff positive case. This is similar to what would happen with other infections like Flu.

3. Recommendations

- 3.1 It is recommended that the new matrix is adopted, along with the new COVID/ non COVID areas.
- 3.2 Due to declining community numbers, inpatients with COVID, outbreaks and staff positives, it is recommended at the 26th April 2022 COVID Alert meeting that the East is able to downgrade to COVID medium (medium) alert level. In the North, there are still ward outbreaks and number of inpatients have not continued a downward trend so the recommendation is to remain at high for a further week until the next COVID Alert status meeting.

4. References

- 1. Chris Witty Downing Street briefing 15th November 2021 https://www.facebook.com/watch/?v=942129130044818
- Tartoff et al. Effectiveness of mRNA BNT162b2 COVID-19 vaccine up to 6 months in a large integrated health system in the USA: a retrospective cohort study. Lancet 2021 Available at: <u>https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02183-8/fulltext</u>