

**Andy Rhodes QPM BA (Hons)**

**Chief Constable**

Lancashire Constabulary Headquarters PO Box 77 Hutton Preston Lancashire PR4 5SB  
Telephone 01772 412221  
E-Mail: [Andrew.Rhodes@lancashire.pnn.police.uk](mailto:Andrew.Rhodes@lancashire.pnn.police.uk)

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By email to [Tola.Munro@avonandsomerset.pnn.police.uk](mailto:Tola.Munro@avonandsomerset.pnn.police.uk)

Dear Tola,

**Ref: additional consideration when risk assessing BAME Staff – COVID-19, update provided on 11<sup>th</sup> May 2020**

Concerns have recently been raised in the UK due to disproportionately higher rates of COVID-19 in Black and Minority Ethnic (BAME) compared to white populations. This has been particularly apparent amongst health care staff in the UK. Public Health England have issued guidance asking health care employers to consider risk assessments for their workers from a BAME background in the health care setting.

We remain committed to protecting the health and wellbeing of all our officers and staff, and have reviewed this latest PHE guidance for the health care sector in a policing context.

We know that there are a number of factors that may place someone at increased risk of contracting COVID-19. These factors include age and underlying medical conditions. Forces should have already put in place measures to further protect those officers and staff most at risk from COVID-19. This should have included those with medical conditions that puts in them in the shielding group, those in the vulnerable group, and women that are pregnant. Application of these factors to all officers and staff also cover most of risk factors that affect the BAME cohort.

In addition to age and underlying health conditions, this latest advice from PHE (for health care workers) recommends that BAME ethnicity is also considered. Forces may wish to consider additional restrictions for BAME officers and staff over the age of 55 without underlying medical conditions who are in higher-risk roles.

However, of note the NHS Employers website states:

*'Emerging evidence that is currently being reviewed by Public Health England shows that black, Asian and minority ethnic (BAME) communities are disproportionately affected by COVID-19. This concerning evidence suggests that the impact may also be higher among men and those in the higher age brackets. The reasons for this are not yet fully understood, but the health inequalities present for BAME communities have long been recognised. One hypothesis is that people from BAME communities have higher rates of underlying health conditions, such as type 2 diabetes and hypertension, and this may increase their vulnerability and risk.'*

Therefore, rather than applying a broad risk assessment, we propose that local forces work closely with their Staff Associations, take a data-led personalised, approach to identify where current sickness patterns and demographic workforce data may identify any additional groups (including BAME officers and staff) that may be undertaking higher-risk work, then agree any additional measures that need to be taken.

Forces should also be encouraged to communicate this latest position with all officers and staff that could be in a higher risk group to encourage them to talk to their line manager who can seek advice from their Occupational Health teams.

PHE and the NHS are currently reviewing the guidance on risk assessments for NHS staff, the latest guidance can be found here <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff> , and it is advisable to monitor this page for further guidance for the NHS.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'A Rhodes', with a long horizontal stroke extending to the right.

**Andy Rhodes**  
**Chief Constable**  
**NPCC Lead for Wellbeing**