



Health at Work Network

Guidance

Occupational Health and Staff Deployment

29 April 2020

Background

Occupational Health (OH) advises about the interaction between health and work, aiming to protect staff from harm at work, maximise health and wellbeing and so contribute to safe patient care. COVID-19 presents new risks for staff, patients and their contacts at home and work.

Keeping the workforce safe requires a stepped approach. Specialists in occupational medicine and OH teams should contribute, in their organisations, to:

- Assessment of risks to healthcare staff from COVID-19
- Consideration of risk reduction by avoidance or reduction of exposure as far as reasonably practicable, including provision and use of appropriate PPE.
- Strategic planning.
- Advice and support in managing health, deployment and return to work of staff with COVID-19 infection.

OH assessment and advice may be required on an individual and wider health community basis on issues including:

- Return to work after testing, isolation or illness.
- Evidence based advice and management of staff who have concerns about their vulnerability or their family.
- Risk assessment of clinical work placements.
- Deployment of temporary and returning NHS staff and volunteers.
- Support to HR and the employer on interpreting evolving central guidance in relation to staff.
- Collaboration with the local infection prevention and control services and virology to design, deliver and interpret the results of NHS and social care staff testing.
- Collaboration with Trust wide efforts to maintain physical, including skin integrity, and mental health wellbeing of staff during and after the pandemic

OH cover will vary between organisations and OH providers should aim to develop clear algorithms, protocols or templates which can be followed if necessary by a nominated lead.

COVID-19 Infection

Prompt recognition of cases of COVID-19 among healthcare staff is essential to prevent spread. Health and social care staff with symptoms of COVID-19 should not come to work. Information about main symptoms and advice on self-isolation are available from PHE but should be reinforced by FAQ and other information in the workplace, available to all staff, including arrangements for reporting illness and absence to line managers.

Current testing arrangements for symptomatic health care staff and symptomatic household contacts should be widely publicised. Appropriate testing may enable staff who do not have COVID-19, or whose household contact is proven negative, to return to work more quickly.

Staff who are asymptomatic 8 days after the onset of symptoms, including two days free of fever, will usually be able to return to work if they are feeling well; a persistent cough in the absence of other symptoms should not necessarily be a barrier to returning. A negative swab as a condition for return to work is not currently necessary except in certain circumstances. OH, virology and infection control should work collaboratively to determine these circumstances.

The testing programme for COVID-19 is expanding and will become more widely available as capacity and additional tests are developed.

As a general principle healthcare staff who provide care in areas for suspected or confirmed patients with COVID-19 should not care for other patients. However this has to be a local decision based on local epidemiology and the configuration of the organisation.

Monitoring and Management of Sickness Absence

This is a line management responsibility, usually taking account of policies and procedures developed between HR, line managers and agreed with staff representatives. Occupational Health may be involved in advising management including particular monitoring arrangements required to assist the organisation in the circumstances of the pandemic.

OH assessments may be required for individual members of staff in accordance with agreed organisational policies and procedures, including appropriate consent.

Where there is concern that an episode of ill health is directly linked to a workplace incident or exposure, including a breach of infection control procedures, this should be further investigated, including review by Occupational Health.

Vulnerable Staff

A risk assessment is required for health and social care staff at high risk of complications from COVID-19, including pregnant staff. PHE guidance has identified those groups in the UK population considered to be at increased risk of severe illness.

Employers should seek to identify staff who may be vulnerable (at risk) or extremely vulnerable (at high risk) and for whom adjustments to their work or alternative deployment may be required. Managers should agree with OH the most appropriate and practicable process for identifying such vulnerable staff and completing a risk assessment. This may lead, in discussion with the employee, to a decision about alternative work arrangements. Some health and social care staff require individual OH consultations as part of this process and arrangements should be in place to facilitate this.

PHE guidance identifies two groups of people with increased vulnerability:

Those defined on medical grounds as 'extremely vulnerable from COVID-19'

[COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#)

should have received letters or telephone advice directly from NHS England, their GP or specialist, confirming that they meet the "extremely vulnerable" criteria and recommending protective **shielding** measures to minimise or avoid all contacts with others.

Health and social care staff in this group will not be able to work away from their shielded environment and consideration should be given to remote working where possible. If remote

working is not possible they should not come to work and their absence should be recorded as agreed locally. Pregnant women from 28 weeks are also recommended to stay at home.

Those defined as 'at increased risk of severe illness from COVID-19'

[COVID-19: guidance on social distancing and for vulnerable people](#)

include those aged 70 or older (regardless of medical conditions), those with the defined conditions listed in PHE's guidance, and pregnant women up to 28 weeks. They are advised to be particularly stringent in following social distancing measures.

OH advice to this group will depend upon an assessment of the risks of exposure to COVID-19 in the workplace, the extent to which social distancing is practicable within the work environment and the risks associated with the person's background health condition and the treatment which they receive.

Informed OH assessment requires consideration of all these factors including the existence of other underlying health factors which, singly or in combination, may also be relevant. Liaison by OH with the person's treating doctor, with informed consent, may sometimes be required before risk assessment can be concluded.

(Further information about assessment of potentially vulnerable staff, is available from the Faculty of Occupational Medicine www.fom.ac.uk and speciality specific medical societies and patient organisations, and for pregnant women from the Royal College of Obstetricians and Gynaecologists, www.rcog.org.uk)

Bank, agency and locum staff should be subject to the same risk assessment process, including individual OH assessment if necessary, as permanent staff.

Others recruited in response to the COVID-19 situation, including final year healthcare students, recently retired healthcare care professionals and volunteers should follow the same risk assessment process, including identification of those with increased vulnerability. They should also receive the same basic OH health screening and advice, including on infection control matters, as normally employed staff.

Staff deployment decisions are ultimately made between employer and employee taking into account service needs, staff skill sets, training, performance and other factors including health vulnerabilities and competence and experience in using special equipment or personal protective equipment and medical advice, including that received from OH. Recommendations following risk assessment may include consideration of alternative work arrangements or adjustments.

Infection Prevention and Control and Personal Protective Equipment

National guidance from PHE has been carefully and extensively debated with international experience included, and represents best current advice, balancing many complex considerations. It highlights a risk based equitable approach across all sectors. The hierarchy of control required as part of the employer's duty of care guides risk control and PPE selection and use should be carefully considered.

[COVID-19: infection prevention and control \(IPC\)](#)

Employers, as part of their duty of care must ensure that staff are adequately trained in safe systems of working, including donning and doffing of personal protective equipment. Employers should provide a fit testing programme for those who may need to wear close fitting masks for respiratory protection as recommended by HSE.

[Guidance on respiratory protective equipment \(RPE\)](#)

OH should maintain awareness of the repeated and updated suite of guidance from PHE as part of their involvement in strategic planning within their organisations. All OH practice requires careful consideration of local conditions and needs and competent specialist OH skills should be involved in planning, to ensure that employers and workers understand how best to apply the standards.

Health Surveillance and Statutory Medicals

HSE has produced detailed guidance in relation to health surveillance in different settings.

<https://www.hse.gov.uk/news/health-surveillance-coronavirus.htm>

The OH service should advise the employer where physical examination can be delayed and plan paper based/remote surveillance in line with the requirements of social distancing and in accordance with HSE advice.

The DVLA has recently clarified their position regarding the D4 medicals required for bus and lorry drivers aged 45 and over to renew their licences. Under these special circumstances licences which expired after 1 January 2020 can be renewed without production of a valid D4 for a period of one year.

<https://www.gov.uk/renew-lorry-bus-coach-licence/45-or-over>

RIDDOR Reporting

OH should collaborate with the employer and Health and Safety Team to ensure that the employer is compliant with RIDDOR requirements

<https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm>

Occupational Health (OH) outside the NHS and Social Care

Certain industries e.g. retail, telecommunications, transport and emergency services continue to function. OH providers should be involved in contingency planning and provide advice to these organisations in terms of protecting employees and service users, plus any specialised third party providers working within these organisations or NHS units, in accordance with PHE guidance.

This guidance is focussed towards the NHS but the principles which underpin it are common to all workplaces.

Communications

Communications between employers and health and social care staff are crucial. Healthcare and social care staff and their managers should be able to have confidence in commitments made to keep the workforce safe and in the decision making processes which underpin this commitment. OH can provide significant assistance to this process, including signposting staff to sources of support, both locally and nationally.

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