

# **Occupational Health (non-NHS)**

## **Workload Prioritisation**

## Background

Occupational Health (OH) services advise about the interaction between health and work. They aim to protect workers and those in contact with the workplace from harm, and to maximise the health and wellbeing of the workforce, thus contributing to productive and effective organisations and businesses.

The emergence of Novel coronavirus, SARS-CoV-2, severe acute respiratory syndrome coronavirus 2, which causes the disease COVID-19, presents new risks to all workers, and to their contacts at home and in the workplace.

This information sheet is directed towards OH professionals who are providing occupational health services in the UK, during the Coronavirus Pandemic, to organisations outside the NHS.

The summary list of services included in OH workload is not exhaustive and not intended to replace clinical judgement for individual cases in this highly challenging and rapidly changing environment. Occupational Health in the private sector is very diverse and subject to commissioning customers' needs, requests and financial constraints; OH workload and the priorities of customers may vary widely.

OH Professionals as always need to be cognisant of their own professional obligations, according to their regulating bodies, and particularly in changing circumstances, of the need to keep up to date with the latest guidance by external bodies including PHE, DVLA, HSE and industry specific guidelines where relevant. OH practice should take account of the Faculty's Ethics Guidance for Occupational Health Practice, including updates on testing.

<https://www.fom.ac.uk/wp-content/uploads/COVID-19-Ethics-of-Testing-23.04.2020.pdf>

Key essential services continue during the pandemic; other organisations and businesses, across the public and private sector, are expected to return or gradually increase their activities.

OH providers should be able to provide advice, strategy and guidance on OH issues including policy development and review. This includes involvement in contingency planning and provision of advice to organisations to assist them to identify and adopt safe systems of work, with appropriate controls in terms of protecting employees and service users. OH services will need to work in new ways to continue to provide advice and support whilst minimising the health risks to occupational health staff, occupational health patients/clients, and the wider community.

## Key Principles for OH Service Provision

**1. Triage of customer/client requests** to allow determination and categorisation of needs as high, medium or low priority:

**High Priority** services deemed vital regardless of scale of the virus outbreak e.g. key workers.

**Medium Priority** services which should continue if time and resources allow.

**Low Priority** services which could be postponed and re-visited as the Pandemic restrictions are reduced.

- 2. Risk assessment of workers** to identify those at increased risk of COVID-19 because of underlying health conditions and to provide advice to employees and employers related to government guidance on shielding and social distancing.

Guidance on individual vulnerabilities is changing, and likely to continue to do so as the laboratory and clinical research base evolves. This enables better definition of the characteristics of the SARS-CoV-2 virus and of the factors associated with potentially increased vulnerability to infection, or adverse outcomes from COVID-19.

PHE's original guidance identified 3 potential markers: age >70, selected underlying health conditions and pregnancy. Health issues were further divided into those who are '*extremely vulnerable to COVID-19*' for whom '*shielding*' is required, and those '*at increased risk of severe illness from COVID-19*' for whom '*stringent social distancing*' is required (based upon conditions previously identified as requiring an annual 'flu jab'). Ethnicity was not originally identified as a risk factor and is now included on the basis of recent clinical evidence, particularly ICU admissions data and healthcare staff fatalities although, as far as we know, evidence for ethnicity as an independent risk factor remains uncertain. Emerging clinical evidence also suggests that particular comorbidities including hypertension, cardiovascular disease and diabetes are more prevalent in people with severe COVID-19 and also that obesity is a concern.

**3. Initial assessment should be a paper review**

A follow-up telephone call would be appropriate to confirm any medical details, and make a judgement as to whether it would be necessary to see the worker face to face, and if so, how to do so safely.

- 4. Remote consultations**, where possible. Principles for effective remote consultation are provided as an annexe. – See [Annex 1](#).

**5. Face to face consultations**

- An initial infection risk assessment should be undertaken with any worker prior to a face-to-face consultation. A suggested approach is based on questionnaire and temperature check - See [Annex 2](#).
- Any worker with symptoms suggestive of COVID-19 should not be seen in Occupational Health but directed to NHS 111 and/or NHS Inform website.
- Where a face-to-face consultation is indicated, workers should be advised to inform OH if they develop any potential COVID-19 symptoms or have been in contact with a potential Coronavirus case. They should be screened prior to, and again at commencement of, the consultation. For face-to-face consultations **infection prevention and control** measures must be followed rigorously, to ensure that the OH professional or the venue does not become a locus for infection.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

<https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/infection-control/environmental-decontamination/>

HIGH PRIORITY Services deemed vital regardless of scale of the virus outbreak.	MEDIUM PRIORITY Services which should continue if time and resources allow.	LOW PRIORITY Services which could be postponed and re-visited once the outbreak ends.
<b>Clinical COVID-19 advice/Management &amp; HR referrals/Pre-employment</b>		
COVID-19 clinical risk assessments. (see <a href="#">Appendix 1</a> ) This may include strategic advice to management and individual assessments related to vulnerable workers, including new and expectant mothers.	Management referrals (non-urgent).	
Coronavirus testing – advice to employees and employers. (see <a href="#">Appendix 2</a> )		
Return to work after COVID-19: testing, isolation, illness.		
Mental health assessment during lockdown (urgent). Continuation of support for mental health referrals (counselling).	Psychological evaluation, e.g. PTSD assessment/ referral. Sessions to be undertaken by appropriate medium e.g. Zoom.	
Management referrals (urgent) Support for ongoing OH long term absence cases.		Ill-health retirement/ appeals.
Return to work on lifting total lockdown.		
Pre-placement paper screening (key workers).		Pre-placement paper screening (non-key workers).
Homeworkers' wellbeing advice.		
<b>Health Surveillance</b>		
HSE appointed doctor medicals (urgent): <ul style="list-style-type: none"> <li>• Asbestos</li> <li>• Lead</li> <li>• Ionising radiation</li> <li>• COSHH</li> <li>• Diving</li> <li>• Work and compressed air.</li> </ul> <a href="#">HSE , Health and medical surveillance during the coronavirus outbreak</a>	<a href="#">Health Surveillance</a> - noise, COSHH	COSHH – spirometry (see <a href="#">Appendix 3</a> ) Assessed on a case by case basis.
<a href="#">HAVS Tiers 1, 2,3,4</a>		
PPE (see <a href="#">Appendix 4</a> ) <a href="#">Face-fit testing.</a>		
Working at height (renewable UK).	Vision testing for NDT workers.	
	Biological monitoring - <a href="https://hsl.gov.uk/testing-monitoring-and-analysis-services">https://hsl.gov.uk/testing-monitoring-and-analysis-services</a>	
Confined space / BA e.g. Fire Service, Chemical Industry.		Routine chest X-rays e.g. for Silicosis.

<b>HIGH PRIORITY</b> Services deemed vital regardless of scale of the virus outbreak.	<b>MEDIUM PRIORITY</b> Services which should continue if time and resources allow.	<b>LOW PRIORITY</b> Services which could be postponed and re-visited once the outbreak ends.
<b>Fitness for Work Medical</b>		
Pre-employment medicals (key workers)	Fitness for work (non-safety critical)	
<u>Immunisation (key workers)</u> Appropriate work-related immunisations should be provided as usual. Where ongoing monitoring is required for blood borne virus carriage this should be continued. Advice on provision of other appropriate measures which should be in place for safe working (e.g. PPE).	Food handlers' fitness for work assessments.	Routine Fire/Police medicals and fitness testing.
<u>Civil Aviation Medicals</u>	Working abroad/visa medicals (unless key workers).	Travel immunisation (non-key workers).
<u>Driver Applications for DVLA (LGV/HGV/PSV) New Applications</u>	Post-incident asbestos exposure investigation.	<u>Driver Applications for DVLA (LGV/HGV/PSV) – Renewals</u>
<u>Seafarer Fitness Medicals (Maritime &amp; Coastguard Agency).</u>	Business drivers/plant drivers/FLT.	
<u>Sentinel (Rail Industry).</u>		Night work assessments.
Drug and alcohol testing (for cause).		Routine drug and alcohol testing.
Emergency Services Blue Light drivers.		
Offshore workers (Oil & Gas UK): <ul style="list-style-type: none"> <li>• OGUK</li> <li>• Fitness to train (emergency breathing systems).</li> </ul>		Bi-Deltoid Breadth Measurements (OGUK).
<b>Workplace Risk Assessment, Monitoring &amp; Reporting</b>		
Lifting lockdown risk assessment advice (see <u>Appendix 5</u> ) and communication plan.		Workplace inspections.
<u>First Aid/First Responders</u> – advice to employers on the management of COVID-19 cases in workplace and subsequent isolation.		Toolbox Talks (training management and workers).
<u>Advising on Public Health Notification</u> Track and trace workplace contacts in accordance with agreed policy.		
<u>Advising on RIDDOR reporting of COVID-19</u>	Managing reporting and recording absence.	Noise assessments.
DSE Homeworker Workstation Assessments. Remote Physiotherapy treatment sessions as indicated.		DSE Workstation/ergonomic assessments.

## **Acknowledgements**

The Faculty is grateful for the collaboration and contributions from senior colleagues, particularly consultants in occupational medicine and senior OH nurses working in the private provider sector, which made this guidance possible.

## **APPENDICES – Including links to relevant guidance**

### **APPENDIX 1 - COVID-19 Risk Assessments for Clinical Vulnerability to Disease**

#### **“Extremely vulnerable”**

Government guidance on shielding and protecting for the most vulnerable:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

#### **“Staying Alert and Safe”**

Government guidance on social distancing:

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing>

#### **Stay at home guidance – for those with possible Coronavirus**

Government guidance on staying at home for those with potential Coronavirus:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

#### **Useful timeline for isolating**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/874011/Stay\\_at\\_home\\_guidance\\_diagram.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874011/Stay_at_home_guidance_diagram.pdf)

#### **Working Fit ALAMA Group**

<https://alama.org.uk/covid-19-medical-risk-assessment/>

#### **NICE guidance**

<https://www.nice.org.uk/covid-19#rapid-products>

## **APPENDIX 2 – COVID Testing**

### **OH Ethics on testing**

<https://www.fom.ac.uk/general-news/covid-19-information-sheet-03-04-2020>

<https://www.som.org.uk/som-statements-re-covid-19>

### **Regulation guidance**

<https://www.cqc.org.uk/guidance-providers/independent-healthcare/regulating-independent-providers-offering-coronavirus>

### **Who can be tested?**

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

### **Privacy information and testing**

<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-privacy-information/testing-for-coronavirus-privacy-information>

### **Testing in labs guidance**

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/guidance-and-sop-covid-19-virus-testing-in-nhs-laboratories-v1.pdf>

### **APPENDIX 3 – Spirometry (COSHH, Fitness for Task, Appointed Doctor)**

Advice from the British Thoracic Society, ARTP and NICE on Spirometry and Coronavirus:

<https://www.brit-thoracic.org.uk/about-us/pressmedia/2020/novel-coronavirus-covid-19-guidance-from-the-uks-public-health-bodies/>

<https://www.artp.org.uk/News/artp-covid19-update-18th-march-2020>

<https://www.nice.org.uk/guidance/ng166/chapter/2-Investigations>

## **APPENDIX 4 - Personal Protective Equipment (PPE)**

### **Recommended Personal Protective Equipment (Table)**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878750/T2\\_poster\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_community\\_and\\_social\\_care\\_by\\_setting.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatient_community_and_social_care_by_setting.pdf)

### **Guidance on the use of personal protective equipment (PPE) for non-aerosol generating procedures**

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

### **Guidance on the use of personal protective equipment (PPE) for aerosol generating procedures**

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

### **Coronavirus (COVID-19): latest information and advice**

[https://www.hse.gov.uk/news/coronavirus.htm?utm\\_source=govdelivery&utm\\_medium=email&utm\\_campaign=coronavirus&utm\\_term=more-advice-1&utm\\_content=digest-22-apr-20](https://www.hse.gov.uk/news/coronavirus.htm?utm_source=govdelivery&utm_medium=email&utm_campaign=coronavirus&utm_term=more-advice-1&utm_content=digest-22-apr-20)

### **Working Fit ALAMA Group**

<https://alama.org.uk/covid-19-medical-risk-assessment/>

## **APPENDIX 5 – COVID-19 Risk Assessment in the Workplace after Lockdown**

1. Social distancing
2. Cleaning
3. Personal hygiene
4. Waste
5. PPE
6. Rest breaks
7. Travel to and from work
8. Becoming ill at work

## Principles for Effective Remote Consultation

Current circumstances necessitate alternatives to face-to-face Occupational Health (OH) appointments wherever possible. Confidence in remote consultation techniques, using phone, online or videoconferencing technologies, will assist OH professionals to maintain clinical services, whilst reducing direct close contact with individuals. If staff are unfamiliar with this way of working, or uncomfortable with the technology, additional time may be required. Appropriate levels of training/peer support should be in place.

### **Arranging for Remote Consultation:**

- Administrator to arrange time and date for teleconsultation as for other appointments.
- Information to be provided to 'patient' should include the purpose of the consultation, name of OH professional who will be calling and the timeframe. They should be given back-up information in case of technical or other problems and advised, if practicable, to identify a suitable location for call, away from unnecessary background noise or interference. If any additional information is likely to be required, this should be advised so that the patient can have it to hand.
- OH professional should have patient records and relevant documentation available and should record the reasons for remote assessment in the notes or online file. Sufficient consultation time should be scheduled to allow careful listening, communication and understanding.

### **Contacting the Employee/Patient:**

- Ahead of contact the OH professional should ensure that they are able to use the equipment effectively (phone/headsets/webcam if video consultation), that arrangements are in place to maintain confidentiality and avoid the conversation being overheard, especially working away from usual clinic location.
- Contact should be made using agreed contact details; if unsuccessful contacts should be recorded and voicemail messages documented. The employee/patient's ID should be confirmed before starting the consultation, using 3 identifiers if possible eg: full name, dob, address/postcode, employer details, along with confirmation that the person is in a suitable location where they can participate and engage, safely and securely, with the assessment process.
- If the consultation/assessment is being recorded the individual concerned should be advised of this, and told who will have access to the recording and the arrangements which will be in place for secure storage.

### **Conduct of Remote Assessment:**

- The OH professional should explain clearly their identity, role and the purpose and structure of the OH assessment. The process of record taking, storage, access and the employee/patient's rights in relation to the OH report should also be explained, followed by a verbal request for consent which should be recorded.
- The consultation should be documented accurately and contemporaneously. It is good practice to ask the patient to repeat any key advice which is given during the consultation and review this at the end.
- As with all OH consultations the employee/ patient should be advised of the OH professional's opinion and clarity given about any information which will be provided, with consent, to their employer. Verbal consent for the report to be provided to the employer should be confirmed and recorded, plus any request to see the report before dispatch. If the report has been typed during the remote consultation it may be read back to the employee/patient; in some circumstances a repeat phone call to read the report may be appropriate. Some remote consultations may allow only interim advice to be given, pending a future face to face assessment. In this case the employee/patient must be advised accordingly as part of the process of checking understanding at each stage, including asking about any outstanding issues and

providing information about further contact and follow up. Any signposts during the consultation to other services or clinicians should be clearly documented.

- When the assessment is closed the OH professional should ensure that the connection is broken.

#### **Following the Consultation:**

- The OH professional should check that records of consultation are complete and that information given to the patient is documented. The clinical record should explain and justify the decisions made and should clearly state whether the conclusions and advice are definitive or interim pending a face-to-face assessment.
- Consideration should be given to whether any review or further examination is required and the necessary timescale, whether there are sufficient reasons for further review or examination, and how/where and when this would be appropriate.
- All other relevant documentation should be completed (e.g. as required for HSE Health/clinical records, OGUK, MCA etc.).

#### **Additional Medical Defence Guidance for Provision of Remote Services:**

- Ensure that the medium you are using does not affect your ability to follow the law and appropriate guidance.
- Work within your competence.
- Check you have adequate indemnity cover for your remote consultation activities.
- Discuss this element of practice with your responsible officer at appraisal.
- Consult GMC guidance on *Good Medical Practice* and follow this as much as is possible, given the circumstance.

#### **Useful sources of advice and guidance**

##### **GMC Remote Consultations**

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/covid-19-questions-and-answers#Remote-consultations>

<https://www.gmc-uk.org/ethical-guidance/learning-materials/remote-consultations-flowchart>

##### **Medical defence advice**

<https://www.mddus.com/advice-and-support/advice-library/remote-consulting-in-the-coronavirus-outbreak>

##### **SOM Webinar. General principles of remote telephone assessments. Dr Lucy Wright 2<sup>nd</sup> April 2020**

<https://www.som.org.uk/sites/som.org.uk/files/Remote%20consultation%202020%2004%2002%20v2%202.pdf>

##### **NMC – Principles for remote consultation and prescribing**

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/high-level-principles-for-remote-prescribing-.pdf>

##### **MRCGP**

<https://www.rcgp.org.uk/about-us/rcgp-blog/top-10-tips-for-covid-19-telephone-consultations.aspx>

**Sample Questionnaire for patients/clients in advance of a face to face consultation in Occupational Health**

*The purpose of this questionnaire is to identify any potential risk of transmission of the Coronavirus during a clinical consultation, in accordance with our responsibility to protect our staff, clients and patients.*

<b>Name:</b>
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<b>Do you have any cough symptoms?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have a high temperature?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are you suffering from shortness of breath?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Have you been in contact with anyone who has been required to undergo testing, or has shown any symptoms of Coronavirus (COVID-19)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you come into contact or are you living with anyone who has been advised to self-isolate?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you travelled to the UK from abroad (by air or other transport) in the last month?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Temperature:</b>
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<b>Any comments:</b>
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Signed:

Dated: