

COVID-19 and Occupational Health (OH) in the NHS

This is the first of a planned series of OH information and guidance documents.

OH advice should be part of strategic planning and may be required on an individual basis on issues including:

- return to work after testing, isolation or illness
- management of staff who have concerns about specific vulnerability
- risk assessment of clinical work placements
- deployment of temporary and returning NHS staff
- communication.

OH cover will vary between organisations. As the situation evolves OH providers should aim to develop clear algorithms which can be followed if necessary by a nominated lead.

On behalf of our combined working group we hope that this first information sheet is useful to NHS OH services, OH providers, NHS managers and clinicians. It should be regarded as an interim document which will be updated as the COVID-19 situation develops and in line with agreed national guidance.

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COVID-19 and Occupational Health (OH) in the NHS:

1. Role of OH

OH services assist their organisations to protect and maximise the health and wellbeing of their staff, contributing to safe care for patients. Infectious diseases pose risks for both staff and patients and their contacts at work and at home. OH strategic advice, policies and assessments of individuals can contribute to reducing these.

2. COVID-19

The background to the infection and characteristics of transmission of COVID-19 are well documented and publicised. The spread from China since January 2020 presents a new situation and major challenges. Current risk assessments and recommendations are evolving rapidly based on emerging worldwide data, existing knowledge of the transmission of respiratory viral infections and close collaboration with other services, particularly PHE and Infection Prevention & Control.

2.1 Measures to reduce transmission among healthcare staff:

Hygiene

The virus is transmitted by contact, droplets and objects or materials where it may remain live for up to 72 hours. All NHS staff should be encouraged, as part of their daily lives, to follow the current national guidance on COVID-19 precautions from PHE, (or from the parallel organisations in the devolved nations).

<https://www.gov.uk/government/organisations/public-health-england>

<https://www.nhs.uk/>

These include standard hygiene measures, single use tissues for coughs and sneezes which are then disposed of, avoiding touching eyes, nose and mouth, frequent cleaning and appropriate disinfection of touched objects and surfaces, including office surfaces at work. Staff should avoid close contact (closer than 2m) with any potentially infected person without the use of appropriate PPE. Staff who deal with members of the public from behind a full screen will be protected from airborne particles.

In addition the PHE update specific guidance to protect healthcare workers in different clinical scenarios including the use of appropriate PPE for possible or confirmed COVID-19 cases.

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

The majority of staff when properly instructed should be able to use PPE effectively. Alternative forms of PPE may be available for those who struggle to use PPE because of health issues.

In theory if PPE is properly used, and basic hygiene precautions are followed, healthcare staff should not be at greater risk of exposure and infection in their workplace than in other circumstances, but confidence and experience in the use of PPE is important.

Increased handwashing can cause skin issues for staff and provision of non-foaming soap alternatives and moisturisers are recommended to enable staff to maintain their skin integrity.

2.2 Guidance for healthcare providers who have staff with relevant travel, healthcare or household contact history:

- Staff with travel, healthcare or household contact history must consider their fitness to attend work and self isolate if appropriate. Managers need to ensure staff are aware of guidance from PHE which is regularly updated.

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-guidance-for-healthcare-providers-with-staff-who-have-travelled-to-china>

And:

<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk>

- A negative test for COVID-19 does not imply an immediate return to work. Staff tested on the basis of a possible contact with the infection will be required to remain self-isolating for 14 days from the time of the contact.
- Organisations should consider what arrangements are in place for rapid isolation of staff who develop symptoms during their working day.
- Any staff member with an asymptomatic household contact who is self-isolating is fit for work; (but isolation may be recommended in certain circumstances based on a risk assessment by OH, employers or the local health protection team).
- There is no need to send other staff home if a colleague is isolating and awaiting COVID-19 test result (i.e. not a confirmed case). If a colleague has confirmed COVID-19 the local Health Protection Team will provide relevant staff contacts with advice.
- The PHE guidance suggests that Trusts use their discretion around the need for medical evidence for a period of absence where an employee is advised to self-isolate because of suspected COVID-19.
- Decisions about timing of return to work for those who have tested positive for COVID-19, with or without significant symptoms, are decided on an individual basis in accordance with PHE guidance and local risk assessment.

2.3 Measures to Support NHS Staff with Chronic Health Issues

- Decisions about deployment of staff in relation to care of patients with Coronavirus, and potential exposure to the virus in the workplace, require a similar process of risk assessment, including the likelihood of exposure to the virus and experience, competence and confidence in using appropriate personal protective equipment and availability of PPE.
- Information to date is very limited, and disease prevalence rates uncertain, but suggests that older people (> age 60) with pre-existing medical conditions particularly chronic respiratory and cardiovascular disease, diabetes or cancers may be at greater risk of severe infection from COVID-19. This list is not exhaustive and would be expected to include conditions associated with immunosuppression. From a limited number of cases there is no indication currently of a higher risk to pregnant women, unless they have underlying significant health problems, (see RCOG guidance).
<https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-virus-infection-in-pregnancy-2020-03-09.pdf>
- Some healthcare staff who have specific health conditions may be concerned about their risks in the workplace. They should inform their manager of their concerns so that risk assessment of the circumstances of their work considers the likelihood of unprotected exposure to COVID-19. This should include assessment of the staff member's ability to use appropriate PPE and consideration of what roles are practicable and useful to deliver patient care that may not involve face to face clinical care of COVID-19 patients. Certain activities in the workplace are recognised to produce more aerosolised COVID-19 (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance>)
- An OH assessment will not be required for all staff with pre-existing significant health conditions but may be necessary in some individual cases. It is unlikely that OH will advise that an

employee is unfit for work but may advise that a staff member is at additional risk should they contract COVID-19 to guide the manager to consider whether alternative work arrangements are practicable. Examples of this may be consideration of working at an alternative location, moving to telephone based consultations or reduction in their involvement in aerosol producing activities.

2.4 New, Temporary, and Returning NHS Staff

Additional staff may be recruited in response to the COVID-19 situation, including the possible use of final year medical students and altered or extended roles for postgraduate trainees. Recently retired healthcare professionals may be encouraged to return to the NHS on a temporary basis.

Staff working in the NHS should be provided with the same basic OH screening, and if necessary occupational immunisations, as required for all staff who have direct contact with patients. Organisation of this will vary between NHS Trusts, according to local OH arrangements. Medical students and recent retirees are likely to have had appropriate OH screening previously. OH can advise managers regarding new staff recruited during this epidemic and their fitness to undertake direct clinical care of suspected COVID-19 patients using appropriate PPE.

Older staff returning from retirement may have particular concerns about frontline deployment, because of their perception of the potential risks associated with increased age and likelihood of long term conditions. Over-arching recommendations are not appropriate, but, on the basis of the current available information, it would seem more appropriate for retirees to be deployed in non-front facing roles than in high risk clinical areas.

3. Communications

Communications are crucial. NHS Trust managers should prepare for the evolving situation and communicate plans to their staff. OH services should be involved currently in strategic planning for their organisations including for potential variations in deployment or restrictions in deployment of staff, particularly as the situation changes from the containment phase to the delay phase of measures.

Some NHS Trusts have already taken the decision to advise their staff to avoid large gatherings or healthcare meetings and not to attend healthcare related meetings away from their employing Trust; others may follow, ahead of any national guidance. Many royal colleges, faculties and specialist societies have already cancelled or postponed major conferences on the basis that it is inappropriate at such a time to remove frontline staff from work, and expose them to cross infection.

Planning and preparation in healthcare organisations, alongside good communications, will be key to achieving the best possible outcomes in a fast changing national situation. Occupational Health, and particularly specialists in occupational medicine, should be involved.

Other Useful Links – advice is live and may change

<https://phw.nhs.wales/news/public-health-wales-statement-on-novel-coronavirus-outbreak/>

<https://www.health-ni.gov.uk/coronavirus>

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

Guidance for healthcare professionals at:

<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

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