Informing Risk Assessment of those more vulnerable to infection by COVID-19

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Consultant Occupational Physician

Chair of South Wales and West of England Group, Society of Occupational Medicine Member of the Board of Directors, Council for Work and Health

1 April 2020 at 1700

https://www.councilforworkandhealth.org.uk

Agenda

- Context
- Contributions
- Protecting health and maintaining productivity
- Risk assessment reducing likelihood of infection
- Risk assessment reducing the impact of infection
- A potential framework
- Frequently asked questions
- Way forward

Context (1)

- Government guidance on coronavirus (main page) at: https://www.gov.uk/coronavirus
- NHS guidance at: https://www.nhs.uk/conditions/coronavirus-covid-19/
- NHS England guidance for healthcare professionals as at: https://www.england.nhs.uk/coronavirus/
- NHS Employers advice (for employers of NHS staff) at: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/annex-2-supporting-our-vulnerable-staff.pdf
- Faculty of Occupational Medicine and the Royal College of Physicians guidance on implications and adjustments for healthcare staff with underlying health conditions at: https://www.fom.ac.uk/wp-content/uploads/Healthcare-staff-with-underlying-health-conditions-FOM-FINAL-1.pdf
- For pregnant employees and their employers, Royal College of Obstetricians and Gynaecologists guidance at: https://www.rcog.org.uk/coronavirus-pregnancy
- ALAMA framework in development including at: http://www.workingfit.co.uk/covid-19/
- Royal College of Physicians of London ethical guidance at: https://www.rcplondon.ac.uk/news/ethical-guidance-published-frontline-staff-dealing-pandemic

Context (2)









<u>Home</u>

Coronavirus (COVID-19): what you need to do

Stay at home

- Only go outside for food, health reasons or work (but only if you cannot work from home)
- If you go out, stay 2 metres (6ft) away from other people at all times
- Wash your hands as soon as you get home

Do not meet others, even friends or family.

You can spread the virus even if you don't have symptoms.



Read more about what you can and cannot do

Context (3)



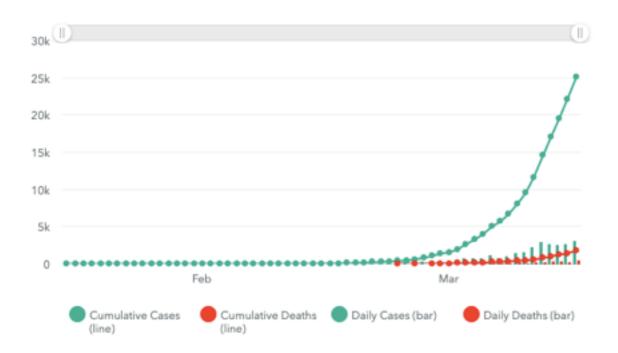
Total UK COVID-19 Cases Update

Data as of Tuesday 31st March 2020



UK Cases and Deaths

Interact with the chart by selecting legend items to change the data shown and change the date range by moving the slider at the top of the chart



Contributions

- Dr Will Ponsonby, President of the Society of Occupational Medicine
- Professor Anne Harriss, President Elect of the Society of Occupational Medicine
- Dr Susanna Gillibrand, Chair of the Central Southern Group, Society of Occupational Medicine
- Those taking part in this webinar

Protecting health and maintaining productivity

- Government guidance for employers and business at: https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19
- Guidance for specific sectors at: https://www.gov.uk/
 https://www.gov.uk/
 https://www.gov.uk/
- HSE guidance at: https://www.hse.gov.uk/news/

 coronavirus.htm#

Risk assessment – reducing likelihood of infection (1). Hazard and Risk.

- a **hazard** is anything that may cause harm; these can be hazards to physical or mental health. Hazards may be physical, chemical, biological, psychological or environmental.
- the **risk** is the chance (likelihood), high, [medium] or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be.

https://www.hse.gov.uk/risk/controlling-risks.htm

Risk assessment – reducing likelihood of infection (2). Risk management.

- identifying what can harm people in your workplace
- identifying who might be harmed and how
- evaluating the risks and deciding on the appropriate controls, taking into account controls already in place
- recording your risk assessment
- reviewing and updating your assessment

https://www.hse.gov.uk/risk/controlling-risks.htm

Risk assessment – reducing likelihood of infection (3). The hierarchy of controls

- Elimination
- Substitution
- Engineering
- Administrative
- Personal protective equipment (PPE)
- Immunisation
- Testing Ag
- Testing Ab

https://www.hse.gov.uk/risk/controlling-risks.htm

Risk assessment – reducing likelihood of infection (4). UK Government approach.

- Social distancing at: https://www.gov.uk/government/
 https://www.gov.uk/government/
 publications/full-guidance-on-staying-at-home-and-away-from-others
 others/full-guidance-on-staying-at-home-and-away-from-others
- Government self-isolation guidance for people and households with symptoms is at: https://www.gov.uk/government/
 publications/covid-19-stay-at-home-guidance,

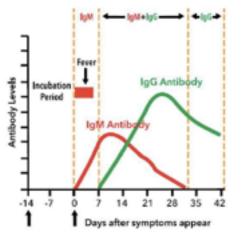
Informing decisions on likelihood of infection

- Antigen testing
- Antibody testing



Coronavirus COVID-19 instant testing kit

- Testing of COVID-19 IgM and IgG antibodies is an effective method for the rapid diagnosis of COVID-19 infection
- Detection of COVID-19 IgM antibodies tends to indicate a recent exposure to COVID-19
- Detection of COVID-19 IgG antibodies indicates a later stage of infection
- Incubation time 2 14 days



4 Simple steps



Collect blood sample



Add blood sample to sample well

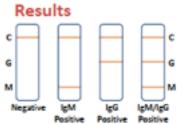


Place 2 drops of buffer in sample well



Read results after 15 minutes

- · Easy to use, no special equipment needed
- Works with whole blood, serum and plasma
- · Tests for 2 antibodies
- Results in 15 minutes



IF PATIENT TESTS NEGATIVE BUT SYMPTOMS PRESENT, REPEAT TEST IN 7 DAYS

Risk assessment – reducing the impact of infection (5)

- Government guidance on social distancing and vulnerable people at: https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people-and-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults
- Government guidance on protecting the most vulnerable and shielding at: <a href="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/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-persons-persons-persons-persons-persons-persons-persons-persons-persons-persons-persons-persons-persons-persons-p

A potential framework (1)

Description	Level of risk of severe illness as compared to the general population	Mitigation advised
Those under 70 who may have underlying health conditions, but based on our occupational health assessment do not have conditions that would place them in the more vulnerable group if they become infected with COVID-19. Examples are mild asthma.	STANDARD	Social distancing
Those considered to be more vulnerable; these are people over 70, or those who have an underlying health condition as listed by the Government that places them in the more vulnerable group, or who are pregnant	INCREASED	Social distancing, stringently applied as far as reasonably practicable
Those considered to be extremely vulnerable. Examples are those being treated for cancer with chemotherapy or radiotherapy, and people with severe asthma (needing hospital admissions or courses of steroid tablets)	VERY HIGH	Shielding for 12 weeks, or longer as advised by Government

A potential framework (2)

Description	Level of risk of severe illness as compared to the general population	Mitigation advised
Those under 70 who may have underlying health conditions, but based on our occupational health assessment do not have conditions that would place them in the more vulnerable group if they become infected with COVID-19. Examples are mild asthma.	STANDARD	Social distancing
Those considered to be more vulnerable; these are people over 70, or those who have an underlying health condition as listed by the Government that places them in the more vulnerable group, or who are pregnant	INCREASED	Social distancing, stringently applied as far as reasonably practicable
Those considered to be highly vulnerable; these are people over 70 with underlying health conditions, or those who have an underlying health condition as listed by the Government that places them in the more vulnerable group, and that is at the more severe end, or who have more than one condition that makes them vulnerable, or who are more than 28 weeks pregnant	HIGH	Social distancing, stringently applied, and further measures as far as reasonably practicable
Those considered to be extremely vulnerable. Examples are those being treated for cancer with chemotherapy or radiotherapy, and people with severe asthma (needing hospital admissions or courses of steroid tablets)	VERY HIGH	Shielding for 12 weeks, or longer as advised by Government

What do we actually mean by 'stringent social distancing' for the vulnerable group as opposed to ordinary social distancing, and in a workplace how should that be managed?

Dr Susanna Gillibrand, Chair of the Central Southern Group, Society of Occupational Medicine

Recommendations Dr Susanna Gillibrand

What do we actually mean by 'stringent social distancing' for the vulnerable group as opposed to ordinary social distancing, and in a workplace how should that be managed?

We are very likely to be asked to advise on whether employees in the 'vulnerable group' are fit to work, because the advice for this group is that they must not just socially distance but do so stringently. There isn't a clear definition of what is meant by stringent social distancing and for each individual in their particular work set up there will be a number of variables.

Within the vulnerable group there will be those at the lower risk of the spectrum and those at the higher end which will also influence our advice.

A major consideration is the type of work they do - are they really undertaking an essential task that means they must be in work? Is it that the employer just wants them there, or is currently unable to supply them with the right work equipment at home? A few examples of the more difficult industries to advise on (aside from healthcare), might include construction sites, essential manufacturing roles, dockside and shipping work etc

For the truly essential workers who cannot undertake their work at home and who have an underlying vulnerability, how do we advise them to take their social distancing to the next level- beyond that of normal social distancing?

Recommendations by Dr S Gillibrand (2)

It is recommended that a full individual risk assessment of their work and environment should be undertaken, which the employee should actively participate in with their line manager. They would need to consider the ways in which stringent social distancing could specifically be applied to their role. As far as is reasonably practicable, the aim should be to try and ensure that their attendance at work does not place them at any greater risk of exposure to COVID -19 than when outside of their work environment. Examples might include (but not limited to):

- Travelling to work at less busy periods if they use public transport.
- Being allocated their own office in part to be further away from others but also so they can control their work environment better cleaning their own work area will help avoid contact with potentially contaminated surfaces.
- Re-planning work If they normally work on a particular machine that others may use, can tasks be reallocated so that only they are working on that particular machine and again, have control over their environment?
- Use of RPE/ other PPE such as gloves. If day to day interaction with others is essential because of the nature of the work, PPE may be appropriate.
- Limit the need to move around a site as far as possible -everyone should be aiming for this but for a
 vulnerable worker to an even greater extent.
- If the employee agrees, the manager could facilitate some discussion and education for colleagues working immediately around the vulnerable worker to explain in basic terms that they have underlying

Recommendations by Dr S Gillibrand (3)

Employers should aim to support more stringent social distancing for vulnerable group but if that would actually be very difficult to achieve in practice, we may have to recommend that they don't attend work.

If they could work from home but don't have the right laptop for example, the business may need consider placing them on furlough until they have sourced this. It is unlikely to be justifiable for an office worker with a high level of vulnerability to have to attend work due to a lack of equipment.

Recent case examples - a construction worker who had a splenectomy- advised to come off site because stringent social distancing would be virtually impossible to manage in that setting. Conversely, a case of a person with well controlled sarcoidosis and not on any medication - he received a generic letter from the hospital on the basis of his diagnosis of sarcoidosis advising isolation for 12 weeks when actually he falls in a normal risk group. He will remain at work, undertaking his usual role but has been provided with his own office.

The risk assessment should identify whether stringent social distancing is feasible or not for that particular role. Ensure the risk to vulnerable groups is as low as reasonably practicable, not just to reduce the chances of them contracting COVID and becoming seriously unwell, but to minimise the overall burden on the NHS. For employees at the higher end of the vulnerability spectrum, management should consider whether the work could be re allocated to someone else. The potential risk both for themselves and others may be considerable if stringent social distancing is not achievable. We can only advise management of the risks and it is a business decision as to how to implement that advice.

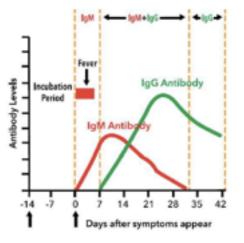
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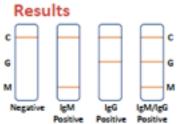


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Frequently asked questions (1)

<u>Is an employee with a disability as defined in the Equality Act 2010 more vulnerable to COVID-19, and should they be off work at home for 12 weeks?</u>

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<u>Is an employee with a disability as defined in the Equality Act 2010 more vulnerable to COVID-19, and should they be off work at home for 12 weeks?</u>

Not specifically as a result of having an impairment that meets the disability provisions of the Act. An employee may have a condition causing an impairment, and not be at an increased risk, whereas others who do not have a disability may still be at increased risk (e.g. those who are pregnant, and people over 70 without a disability).

Only if a person has a condition, as defined in the Government's guidance, that makes them extremely vulnerable to COVID-19 should they be shielded (for 12 weeks at least).

Frequently asked questions (2)

I have an employee with asthma; do they need to self-isolate for 12 weeks?

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Not usually. An area that has caused difficulty is to define what is meant by "severe asthma". The Faculty of Occupational Medicine advises:

- Members of staff with severe asthma+ (hospital diagnosed) including those requiring biologics, maintenance oral corticosteroids or other immunosuppressants it is recommended that they self-isolate at home.
- Members of staff taking high-dose inhaled steroids alongside additional controller treatments for asthma who have suffered 2 or more asthma exacerbations requiring oral steroids over the past year and continue to experience frequent symptoms requiring use of their reliever medication, managers should strongly consider reallocation away from front-line.
- Members of staff with mild asthma that is well controlled are not at high

Frequently asked questions (3)

What do we do for an employee who is not in the "extremely vulnerable" group, but is worried about being in work?

Frequently asked questions (3)

What do we do for an employee who is not in the "extremely vulnerable" group, but is worried about being in work?

We have spoken with people who are not in the extremely vulnerable group, as defined by the Government, but are worried about coming into work, either due to their own health, or because they live with someone who is vulnerable. Whereas Government guidance is that employees should work from home wherever possible, for many of our clients this is not feasible for most of their employees.

ACAS provide guidance for employers at: https://www.acas.org.uk/ coronavirus. ACAS also advise at: https://www.acas.org.uk/coronavirus/ vulnerable-people-and-high-risk that employers must be especially careful and take extra steps for anyone in their workforce who is in a vulnerable group.

Frequently asked questions (4)

Can an employee who is on sick leave, self isolating or shielding be placed on furlough?

Frequently asked questions (4)

Can an employee who is on sick leave, self isolating or shielding be placed on furlough?

Yes, if the eligibility criteria for furlough are met.

Employees on sick leave or self-isolating should get Statutory Sick Pay, but can be furloughed after this.

Employees who are shielding in line with public health guidance can be placed on furlough.

https://www.gov.uk/guidance/claim-for-wage-costs-throughthe-coronavirus-job-retention-scheme

Frequently asked questions (5)

I have a serious long term health condition likely to be covered by the Equality Act 2010. My employer has refused my request of furlough leave as they consider that I can perform my work role from home. I have child care responsibilities for a toddler who cannot be left unattended and I am finding it very difficult to work and care for him. There are others in the organisation who have been granted this leave as they are unable to undertake their work tasks from home. Can I appeal this decision and would the EqAct apply??

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Flexibility over childcare is a matter for the employer, and the Equality act is in my view unlikely to apply. If the employee has concerns over this matter then it is a legal opinion that is needed. The employer may find the guidance published by ACAS useful at: at: https://www.acas.org.uk/coronavirus/vulnerable-people-and-high-risk

If an employee needs time off work to look after someone (ACAS)

Employees are entitled to time off work to help someone who depends on them (a 'dependant') in an unexpected event or emergency. This could apply to situations to do with coronavirus.

A dependant does not necessarily live with the person, for example they could be an elderly neighbour or relative who relies on the person for help. There's no statutory right to pay for this time off, but some employers might offer pay depending on the contract or workplace policy.

The amount of time off an employee takes to look after someone must be reasonable for the situation. For example, they might take 2 days off to start with, and if more time is needed, they can book holiday.

Frequently Asked Questions (6)

Should a woman who is pregnant work in a patient facing role in pregnancy?

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Should a healthcare worker who is pregnant work in a patient facing role in pregnancy?

Yes, she may, if she is less than 28 weeks, and has no underlying health condition, has been given the option of not working in a patient facing role, and has chosen to do so. Risk is considered low to mother and baby.

No, if they are more than 28 weeks, when evidence suggests there may be a greater risk to the mother, in which case RCOG advise home working.

This is **guidance**, that will inform risk assessment for healthcare (and other) workers, it is for the employer to **decide** based on risk assessment if they will follow RCOG guidance at: https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-occupational-health.pdf.

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