



Society of Occupational Medicine COVID-19 summary update 23 March 2020

This document is a compilation of advice from a number of sources, and is designed to help OH personnel in providing accurate and consistent advice to their patients and clients. Sources are clearly cited, and internet links given where possible. Although this document will be kept under review and updated, it remains an individual responsibility to ensure advice given is up to date and accurate, so please check the weblinks on a regular basis as knowledge of COVID-19 is still evolving and advice may change.

Annex 1 HSE advice re health surveillance – text

Annex 2 Risk assessment

Annex 3 Financial support to health professionals

Concerns about the outbreak should be referred to the relevant DHSC/PHE pages on the websites below: <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> and <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

Occupational Health professionals should be classified as key workers.

Useful resources:

- Health surveillance <https://www.hse.gov.uk/news/health-surveillance-coronavirus.htm>
- SOM facilitated this article: [Coronavirus: how should occupational health support its mental health effects?](#)
- MSK and home working - Advice on the HSE website, specifically taking into account the current move towards home working (<https://www.hse.gov.uk/toolbox/workers/home.htm>).
- NHS Practitioner health - <https://www.practitionerhealth.nhs.uk/dr-tool-box>
- Business toolkit: [COVID-19 Toolkit on Responsible Business and supporting employees](#)
- Physiotherapy: <https://www.csp.org.uk/news/coronavirus>
- MSK <http://arma.uk.net/covid-19-coronavirus-info/>

Guidance for health professionals - <https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

Guidance on social distancing and for vulnerable people - Those who are at increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures. This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) respiratory diseases, such as [asthma](#), [chronic obstructive pulmonary disease \(COPD\)](#), [emphysema](#) or [bronchitis](#)
 - chronic heart disease, such as [heart failure](#)
 - chronic kidney disease
 - chronic liver disease, such as [hepatitis](#)
 - chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
 - [diabetes](#)
 - problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed
 - a weakened immune system as the result of conditions such as [HIV](#) and [AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#)
 - being seriously overweight (a body mass index (BMI) of 40 or above)

- those who are pregnant

“The PHE guidance doesn't differentiate for COVID 19 purposes but does state if you usually get the flu jab then you would be considered "vulnerable". An asthmatic who only medicates with infrequent beta 2 agonist (salbutamol only not LABA) use would not automatically get the flu jab so does not fit the COVID 19 criteria. It is only recommend for asthmatics in the previously stated group, ICS/oral steroid/hx of hospital admission, hence applying this criteria to COVID 19 description of asthmatic”. From Jisc mail

If a person has symptoms they have to isolate for 7 days regardless of whether there are others in the house or not. If someone develops symptoms and there are others in the house then those people must also isolate themselves as a family and those without symptoms must be in isolation for 14 days. The advice can be found at <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

and stay at home draft advice sheet here.

file:///C:/Users/Nick%20Pahl/AppData/Local/Microsoft/Windows/NetCache/Content.Outlook/DMA3DB1U/Stay_at_home_guidance_diagram%20(002).pdf

Summary of advice

Group/ Action	Wash hands more often	Household isolation for 14 days*	Self - isolation for 7 days**	Social mixing in the community***	Having friends and family to the house	Use remote access to NHS and essential services****	Vary daily commute and use less public transport	Home working
0 – 69	Yes	Yes	Yes	Advised against	Advised against	Advised	Advised	Advised
70+	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Any age Member of vulnerable group with an underlying health condition ¹	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Pregnant women	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Those with serious underlying health conditions	As above, but further bespoke guidance will be provided by the NHS next week							

Ref: <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

Guidance for infection prevention and control in healthcare settings - Hand Hygiene – An extract of a few reminders before performing hand hygiene:

- expose forearms (bare below the elbows);
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene);
- ensure fingernails are clean, short and that artificial nails or nail products are not worn;
- cover all cuts or abrasions with a waterproof dressing.

Where no running water is available or hand hygiene facilities are lacking, such as in a patient's home, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

Guidance for employers - updated 18 March 2020

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>

COVID-19: guidance for businesses - updated 18 March 2020

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses>

Guidance for employees - updated 18 March 2020

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-guidance-for-employees>

Guidance from HSE regarding statutory health surveillance - Instructions are awaited from the HSE and will be disseminated once received. Please remember that Health Surveillance is a statutory requirement. Several organisations who have already ceased routine face to face health surveillance on the basis that they do not want to put their staff at risk. Clearly that is their prerogative, but it will be employers who may be at risk of action from HSE.

Guidance for conducting remote consultations - During the COVID-19 pandemic it is very likely that you will be asked to minimise your contact with others. If you do not have experience of conducting remote consultations, then you should get up to speed with doing so in terms of practicalities and working out what technology will help. Remote consultations can be carried out via telephone calls, Skype, WhatsApp or similar platforms. When using a remote connection, consideration should be given to any potential limitations of the medium used and clinicians should continue to meet their obligations in Good Medical Practice. Furthermore, pay attention to your immediate environment and ensure that patients can only see you working in a professional environment.

Examples of work which should not be deferred - The statutory Duty of Care has not altered, including that for Health Surveillance, however confirmation on advice regarding spirometry is pending

Examples of work which can be deferred - Non-essential works such as health promotion days

Home working advice from ACAS - Where work can be done at home, the employer could:

- ask staff who have work laptops or mobile phones to take them home so they can carry on working
- arrange paperwork tasks that can be done at home for staff who do not work on computers

If an employer and employee agree to working from home, the employer should:

- pay the employee as usual
- keep in regular contact
- check on the employee's health and wellbeing

Ref <https://www.acas.org.uk/coronavirus>

Advice for pregnant employees – RCOG have updated their [guidance](#) and issued some occupational health advice. There is some disagreement on this – see:

https://www.change.org/p/boris-johnson-protect-pregnant-healthcare-workers-in-the-uk-from-covid-19?recruiter=387107992&utm_source=share_petition&utm_medium=copylink&utm_campaign=share_petition

Occupational health advice for employers and pregnant women during the COVID-19 pandemic

Latest guidance recommends that pregnant women under 28 weeks' gestation (in the first and second trimester of pregnancy) with no underlying health conditions, should follow the guidance on social distancing in the same way as the general population. Subject to taking social distancing precautions in the work environment, in the same way as other colleagues, pregnant women under 28 weeks gestation may continue to work as normal.

However pregnant women from 28 weeks' gestation (in the third trimester of pregnancy), and pregnant women with underlying health conditions, such as lung or heart disease, may experience more severe symptoms of the virus and are therefore advised to take a more precautionary approach and are strongly advised to follow social distancing advice. This guidance sets out how working pregnant women in healthcare settings can achieve the recommendations for social distancing. Some of this advice will also be relevant to pregnant workers in a range of other work settings.

Healthcare workers prior to 28 weeks' gestation

It may not be possible to completely avoid caring for all patients with COVID-19. As for all healthcare workers, use of PPE and risk assessments according to current guidance will provide pregnant workers with protection from infection. The arrival of rapid COVID-19 testing will significantly assist in organising care provision, and this guidance will be updated appropriately when such tests are commonly available. Some working environments (e.g. operating theatres, respiratory wards and intensive care/high dependency units) carry a higher risk for pregnant women of exposure to the virus through the greater number of AGPs performed. These procedures are summarised in the publication *Guidance on Infection Prevention and Control*. When caring for suspected or COVID-19 patients all healthcare workers in these settings are recommended to use appropriate PPE. Where possible, pregnant women are advised to avoid working in these areas with suspected or COVID-19 patients.

Healthcare workers after 28 weeks' gestation or with underlying health conditions

For pregnant women after 28 weeks' gestation, or with underlying health conditions such as heart or lung disease, a more precautionary approach is advised. Women in this category should work from home where possible, avoid contact with anyone with symptoms of COVID-19, and significantly reduce unnecessary social contact. For many healthcare workers, this may present opportunities to work flexibly in a different capacity, for example by undertaking telephone or videoconference consultations, or taking on administrative duties. All NHS employers should consider how to maximise the potential for homeworking given current relaxation of NHS Information Governance requirements, wherever possible. Staff in this risk group who have chosen not to follow government advice and attend the workplace must not be deployed in roles where they are working with patients. Services may want to consider deploying these staff to support other activities such as education or training needs (e.g. in IPC or simulation). These measures will allow many pregnant healthcare workers to continue to make an active and valuable contribution to the workplace until the commencement of their maternity leave.

Mental Health and Covid-19 - Document by Professor Neil Greenburg, Kings College London reviewed by the Mental Health SIG on SMO Website

Advice regarding vaccination clinics - Legislation regarding this has not changed: 'Under the Health and Safety at Work Act (HSWA) 1974, employers, employees and the self-employed have specific duties to protect, so far as reasonably practicable, those at work and others who may be affected by their work activity, such as contractors, visitors and patients. Central to health and safety legislation is the need for employers to assess the risks to staff and others.'

'The Control of Substances Hazardous to Health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH), and to bring into effect the measures necessary to protect workers and others from those risks as far as is reasonably practicable.'

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf

Advice from GOV.UK regarding sick pay

- Will my employer be obliged to pay me while I stay at home? Statutory Sick Pay will be paid from day 1 instead of day 4 for those affected by coronavirus
- What about if I have a zero hours contract? You may be entitled to Statutory Sick Pay. Check with your employer if you're unsure.
- If you're not entitled to Statutory Sick Pay, you may be able to apply for Universal Credit or Employment and Support Allowance (ESA).

- What about if I'm self-employed? You can [apply for Universal Credit](#).

Ref <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-guidance-for-employees>

If you have a workplace problem, you can call the Acas helpline <https://www.acas.org.uk/contact>

Other

“Could virus-containing aerosols be transferred through building systems, e.g., ventilation or dry p traps?”

A more expansive response from one of our very experienced experts in aerosol science and occupational medicine:

“I have not seen any official advice on this, and certainly the main emphasis is transfer by touch to and from surfaces and then to the mouth. However, from first principles I think that the virus must be capable of transfer through ventilation systems or dry traps, unless there is a physical barrier to stop it.

A small droplet will evaporate quickly even in high humidity, so a droplet say 100 micrometres (ie 0.1 mm) in diameter originating from a sneeze or cough will evaporate until only the solid or non-volatile material remains, which might be a few micrometres diameter. A particle of that size will only fall at a mm/sec or so, which means that it will take about half an hour to fall from head height. It will therefore in practice be transported with any ventilation air. (The same thing happens with dust particles of respirable size, such as silica or asbestos.) A virus-carrying particle could then be inhaled and might infect.

However, I have no idea of the probability of this happening, eg how many virus particles are in an exhaled droplet, and how many are required to initiate an infection, and what the concentration of airborne contaminated particles might be at the end of a ventilation system.

I suggest that the reply should make the points:

A virus-containing particle emitted in a sneeze or cough might be small enough to remain airborne for half an hour or more. There is recently-published evidence that the virus could remain viable for several hours. It is therefore reasonable to expect that airborne particles with viable aerosol could be moved through a ventilation system unless there was some kind of arrestment system to stop them. We do not know what the probability is of infection occurring in this way.

Sources:

On the evaporation and transport of airborne particles: Any standard text, such as 'Aerosol technology' by WC Hinds (Wiley-Interscience, 2nd Edn 1999)

Survival of the virus: Dremalen et al, New England Journal of Medicine, 17 March

2020. https://www.nejm.org/doi/10.1056/NEJMc2004973?fbclid=IwAR270IXWFGCvSD5zfxuHbXkIJN_bgLWx3bzoLlfqsk-eVL1uvybj67GOGE

Source – BOHS

Outstanding issues

Role of OH professionals in testing

Annex 1 HSE advice re health surveillance:

Guidance for occupational health providers, appointed doctors and employers on performing health/medical surveillance

In the light of advice from Public Health England on COVID-19, HSE has set out in guidance below, a proportionate and flexible approach to enable health/medical surveillance to continue. It applies where workers are undergoing periodic review under several sets of health and safety regulations. The guidance balances the current constraints presented by the COVID-19 outbreak and the need to protect the health, safety and welfare of workers.

The guidance will be subject to review.

Control of Substances Hazardous to Health Regulations 2002 (COSHH)

For health surveillance under COSHH regulation 11, the assessment can be undertaken as a paper review by administering the appropriate health questionnaire (eg respiratory) remotely. If no problems are identified, then a full assessment can be deferred for three months. Those with problems can be assessed further, for example, by telephone in the first instance. A judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

For medical surveillance under COSHH Schedule 6, the appointed doctor can use discretion to determine the content of the review. Therefore, they can perform a telephone review and if there are no problems, schedule a full review three months later. Where there is a problem, a judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

Control of Asbestos Regulations 2012 (CAR)

To undertake medical surveillance under CAR, appointed doctors can establish the worker has no significant symptoms by using a respiratory symptom questionnaire undertaken remotely. Providing there are no problems, they can then issue a new certificate for three months. Those with problems can be assessed further, for example, by telephone in the first instance. A judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

Ionising Radiations Regulations 2017 (IRR)

For routine medical surveillance of classified persons under IRR, the appointed doctor can conduct a paper review. For high risk radiation workers such as industrial radiographers, or those classified persons at the end of the five-year cycle where a face to face review is planned, they can carry out a telephone consultation and review the dose records and sickness absence records. If there are no problems, a follow up face to face review can be scheduled three months later. Where there is a problem, a judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

Control of Lead at Work Regulations 2002 (CLAW)

For medical surveillance under CLAW, where workers continue to be significantly exposed to lead, blood tests should continue. However, where a worker has been having annual blood tests, their blood lead level is low and stable and their risks from exposure to lead have not changed, the blood test can be deferred for three months.

Where a worker's periodic medical assessment is due, the appointed doctor can assess them by telephone. Providing there are no problems, the next full review can be scheduled three months later. Where there is a problem, a judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

Control of Noise at Work Regulations 2005

Providing the worker does not identify any relevant problems, audiometry can be deferred for a period of three months. Where there is a problem, a review can be undertaken by telephone and then a judgement can be made on whether to see the worker face to face and, if so, how to do so safely.

Control of Vibration at Work Regulations 2005

The usual tiered approach to health surveillance will apply. Questionnaires can be administered remotely. Where there is a problem, a review can be undertaken by telephone and then a judgement can be made on whether to see the worker face to face and, if so, how to do so safely.

Annex 2 COVID- 19 clinical assessment form

Date of Call: _____

Surname:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Forename:	D.O.B:
Job Title:	Department:
Site:	Division:
Email:	Contact no:
Manager Name:	Contact No:

	Yes	No	Date of onset
1. Do you have any respiratory symptoms or fever (e.g. cough, shortness of breath)?			
2. Do you have a household contact with symptoms or fever (e.g. cough, shortness of breath)?			
3. According to PHE, are you at increased risk of severe illness from coronavirus (COVID-19)? https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults			

Additional information

Outcome of clinical decision

- Fit
- Unfit
- Refer to OHP – Decision after discussion with OHP
- Further review required – review date:.....

Advice given to staff

- Self-isolate for 7 days

- Self-isolate for 14 days
- Discuss your concerns with your manager (offer to send the 'OH report for employees at increased risk')

Sickness absence/medical suspension related to possible COVID-19 (if applicable):

Start Date	End date

- Manager informed by OH staff

Name of OH clinician.....

Signature.....

Date.....

Total Call Time:.....

Total Admin Time:

Annex 3 Resources available to support medical, nursing and other health care professionals during periods of financial crisis. This is not a definitive list.

Resource	Webpage	Comments
QNI	https://www.qni.org.uk/help-for-nurses/other-sources-of-help/	The QNI lists resources the most relevant are included in this table. This is a message from Dr Crystal Oldman sent 20/3/20 at 17.03: "For all nurses working in the community, the QNI are offering financial assistance for those who are in financial hardship through having to self-isolate and whose income (or family income) has been severely reduced. Please get in touch with joanne.moorby@qni.org.uk or Justin e.curtis@qni.org.uk to discuss financial assistance." It is unclear whether this assistance is restricted to Queens Nurses.
Turn 2 us	https://www.turn2us.org.uk:	Turn2us is a national charity providing financial support to help get back on track. This link may be helpful for both SOM members across professional groups and for the clients they may be supporting. There is a specific section on Coronid19.
Carers Trust This organisation is associated with Elizabeth	https://carers.org/article/elizabeth-finn-fund-turn2us	Financial support available for the caring professions who have very limited financial reserves (less than £4000). Including, for example: -A flexible grant of up to £1,000 (single rate) or £1,500 (one plus rate) to help with living expenses or pay for essential items, such as the replacement of basic

h Finn Fund and Turn 2 Us (as above)		household goods,
Cavell Nurses Trust	https://www.cavellnursestrust.org/help-and-advice/ Tel: 01527 595 999 Link to an article with info re the work of Cavell Trust: https://www.magonlinelibrary.com/doi/pdf/10.12968/bjon.2018.27.13.778	The website of Cavell Nurses Trust states: “If you don’t know where to turn, you may be able to receive financial help from Cavell Nurses’ Trust.”.
Junius Morgan (Benevolent Fund)	https://www.juniusmorgan.org.uk/grants/	Financial support grants available to nurses who have practiced in the UK for a minimum of 5 years
Royal College of Nursing – members and non-members	https://www.rcn.org.uk	The RCN is a professional membership organisation. They offer support to members and will also direct non-members to other sources
Royal Medical Benefit Fund	https://rmbf.org/ https://rmbf.org/covid-19-an-update-on-our-support/ https://rmbf.org/get-help/supporting-organisations/	Help for doctors and their families when in need. The second link is specific to covid-19. The third link has resources useful for other professional groups
Royal Medical Foundation	http://www.royalmedicalfoundation.org/	This foundation assists registered doctors and their families who are in financial hardship
Info. for those who are self-employed	https://www.theguardian.com/business/2020/mar/20/self-employed-coronavirus-crisis-sick-pay-redundancy-benefits	Highlights the rights and benefits available for the self-employed
Money advice service	https://www.moneyadvice.service.org.uk/en	General advice – The website states it was established by the government and offers free, impartial advice.
Citizen’s Advice	https://www.citizensadvice.org.uk https://www.citizensadvice.org.uk/debt-and-	CABs offer free, independent, confidential and impartial advice accessible online, by phone or in person

Bureau	money/	from local CAB offices. Lots of useful advice. – the second link includes advice for dealing with money issues
Step change Debt Charity	https://www.stepchange.org https://www.stepchange.org/debt-info/debt-and-coronavirus.aspx	Free on-line or phone advice. The second link relates to how covid19 may impact on personal financial situations
BMJ	https://www.bmj.com/content/332/7545/s136	This BMJ article has links to resources which are useful across professions
The Cameron Fund	https://www.cameronfund.org.uk	Would support members of SOM working in general practice.
A few additional mental health resources which support professionals. This is not a definitive list.		
Samaritans	https://www.samaritans.org	Telephone contact number: 0330 094 5717
Louise Tebboth Foundation	http://www.louisetebboth.org.uk/links/ https://www.dsn.org.uk	Louise Tebboth Foundation, established by the family of a doctor who died by suicide, supported the SOM publication re the mental health of doctors published in 2018. Link 2 – Doctors support network – peer support for doctors with mental health problems
BMA	https://www.bma.org.uk/advice/work-life-support/your-wellbeing/counselling-and-peer-support	BMA support for members relating to well-being and support.
RCN	Caring-for-you-while-you-care-for-others-005-563.pdf	The RCN provide counselling for their members. You can download a pdf with further info from the link in the previous column. To make an appointment, call 0345 772 6100. You can call between 8.30am and 8.30pm, seven days a week, 365 days a year.
Additional resources which you may find helpful to support your clients		
Mind	https://www.mind.org.uk	There is a link on the <i>Mind</i> website for those seeking urgent help
Domestic abuse Refuge. This is a resource for women and children affected by	https://www.nationaldahelpline.org.uk	Refuge: A freephone, 24-hour, National Domestic Abuse Helpline 0808 2000 247 Mankind: a resource for male sufferers of domestic abuse. Confidential helpline:

domestic abuse Mankind	 https://www.mankind.org.uk	01823 334244