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**COVID-19 summary update 16th June 2020**

*Thanks to Dr Linda Bell and Christine Poulter for their contributions. 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 is 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.*

Note:

* **Top-level source** GOV UK is <https://www.gov.uk/coronavirus>.  This is UK wide.
* OH professionals should be classified as essential workers. Role of OH at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/occupational-health-and-staff-deployment>
* **Statement to healthcare workers and occupational health departments during the COVID-19 pandemic -**
* <https://www.gov.uk/government/publications/covid-19-ukap-statement-on-health-clearance-and-monitoring/ukap-statement-to-healthcare-workers-and-occupational-health-departments-during-the-covid-19-pandemic>
* Covid-19 is **a notifiable disease:** <https://www.gov.uk/government/news/coronavirus-covid-19-listed-as-a-notifiable-disease>. Notice to data controllers: <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information> and see <https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm>
* Ethical guidance published for frontline staff: <https://www.rcplondon.ac.uk/news/ethical-guidance-published-frontline-staff-dealing-pandemic>
* PHE OH guidance on OH <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/occupational-health-and-staff-deployment>
* OIL & GAS UK are in process of updating their recent guidance re offshore medicals

1. [**Key information sites**](#KEY_INFORMATION)
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**Annexes**

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[Annexe 2 Clinical assessment form](#Annex2)

[Annexe 3 Individual risk assessment checklist for at risk groups](#Annex3)

[Annexe 4 Specific Groups and industry specific](#Annex4)

* [Civil Aviation Authority](#CAA)
* [Network Rail/Sentinel](#NETWORK_RAIL)
* [Oil & Gas UK](#OGUK)

[Annexe 5 Job Retention Scheme “Furloughing” Q&A:](#Annex5)

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[Annexe 9 OH referral form for Covid-19 queries](#ANNEX9)

1. **KEY INFORMATION SITES**

**GOV UK**

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

**World Health Organization**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

**BMJ**

<https://www.bmj.com/coronavirus>

**John Hopkins University USA**

<https://hub.jhu.edu/novel-coronavirus-information/>

**NHS England**

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

**NICE**

https://www.nice.org.uk/search?q=COVID-19

**Health Protection Scotland & NHS Scotland**

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

**Public Health Agency Northern Ireland**

<https://www.publichealth.hscni.net/news/covid-19-coronavirus>

**Guidance for health and social care professionals – Wales**

<https://gov.wales/health-professionals-coronavirus>

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1. **Statistics Tracking**
   1. **Globally**

**World Health Organisation – Situation reports**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

**Centre for Evidence Based Medicine Oxford**

<https://www.cebm.net/covid-19/global-covid-19-case-fatality-rates/>

**John Hopkins University USA**

https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

* 1. **UK**

<https://www.gov.uk/government/publications/covid-19-track-coronavirus-cases>

* 1. **Scotland**

<https://www.gov.scot/coronavirus-covid-19/>

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1. **Guidance – Government guidance**

**Coronavirus Government Guidance - collection of advice**

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

**Occupational Health & Staff Deployment**

[**https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/occupational-health-and-staff-deployment**](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/occupational-health-and-staff-deployment)

**Guidance for health professionals**

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#guidance-for-health-professionals>

<https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-care-workforce>

**Guidance for First Responders**

[**https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov**](https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov)

**Guidance for the care of the deceased with suspected or confirmed Coronavirus**

[https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19](https://u5509597.ct.sendgrid.net/ls/click?upn=6xQKPy2HLdNcSGt8ZDWFPmkKH2kNj2-2Bz1Xx8ouhFKavjTKkcGFdauMPAVPMV3RG7hNQmD2RUVn77If0s-2F6uOt9M4VXCDudz9UXAc8Dwq75JqiZsmv0KnlsIbV2RDQlF9f8eZ2LEr8tBMw6aYtnR2BpZi1SKcYOb151Qh6eykKdQo2Z6uantG4bMNu2nQupdYHp9AzAsOmEUX5wDFRhPoUMVmupAz-2FSlI3jocw8Kp22mgEufMComJ9bvei59M5aHqXrMx_bPJQ-2BOCb3aW1T83x2gM7vqP1wiBYJhPyJ-2BsqrzPli8YJeTgSd64aTg6KWIQ5xUrRWd4t0ZuwrPWMvyzYvl-2FP84uiozrJNliBWJXGvubQM1Y2raRFDIefqSLe67RkPd0OX5PN9gnPI7kBfHs059v224Fi2v-2BCNqe5JxJ0Ci1WDarqiyhpar969aAUayKDukDSvSqxnGdJyDIPvufi2uVxfi41DL5eOEV1ZGu6CbZC-2FN5hJdlVjW4RE6NbZPy4jOcR)

**Guidance – return to work**

<https://www.gov.uk/government/news/new-guidance-launched-to-help-get-brits-safely-back-to-work> and detail on cleaning offices at <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings> and <http://ohcp.co.uk/AIHAWorkplaceCleaning.pdf>

**Guidance to help employers, employees and the self-employed understand how to work safely during the coronavirus pandemic**

Covering a range of different types of work including construction and other outdoor work and people who work in or run outdoor working environments; factories, plants and warehouses; people who work in or run factories, plants and warehouses, labs and research facilities; people who work in or run indoor labs and research facilities and similar environments; people who work in or run offices, contact centres and similar indoor environments; people working in, visiting or delivering to other people's homes. Restaurants offering takeaway or delivery; people who work in or run restaurants offering takeaway or delivery services and run shops, branches, stores or similar environments and people who work in or from vehicles, including couriers, mobile workers, lorry drivers, on-site transit and work vehicles, field forces and similar. See <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

<https://www.gov.uk/government/news/new-guidance-launched-to-help-get-brits-safely-back-to-work?utm_source=9b81f82c-c1c9-4121-9d1b-3456ead7138c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>

**Guidance about covering faces**

<https://www.gov.uk/government/news/public-advised-to-cover-faces-in-enclosed-spaces?utm_source=6c355955-120b-450a-a912-2c1e5262449c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>

**Furlough scheme extended till October 2020**

<https://www.gov.uk/government/news/chancellor-extends-furlough-scheme-until-october?utm_source=469e4bd6-b6c1-4149-a76b-97f84a86bb07&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>

**Guidance – Fitness to attend work – ALAMA GROUP RISK ASSESSMENT TABLES**

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

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1. **Guidance – Government – Risk Factors and Risk level for Individuals**

**“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>

**“High Risk”**

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

*“Note: there are some clinical conditions which put people at even higher risk of severe illness from COVID-19.”*

**“Carers”**

<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>

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

Government guidance on staying at home for those with potential Coronavirus (updated 24 Mar):

<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 link (17 Mar):**

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874011/Stay_at_home_guidance_diagram.pdf>

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1. **Guidance – Specific bodies guidance for OH**

**DVLA - Announcement with regard to the D4 medical examination**.

<https://www.gov.uk/government/news/government-takes-further-action-to-support-bus-and-lorry-drivers-who-are-keeping-the-country-moving?utm_source=35d75bc9-0288-4d4c-9a75-df0f0669d9e2&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>

**HSE:**

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

**HSE – Appointed Doctor & Health Surveillance – Amended 9th June 2020**

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

**HSE – Divers – Amended 27th May 2020**

<https://www.hse.gov.uk/news/divers-medical-certificate-extension-coronavirus.htm>

**HSE Fit testing Face Masks**

<https://www.hse.gov.uk/news/face-mask-ppe-rpe-coronavirus.htm>

**HSE Protecting Home Workers**

<https://www.hse.gov.uk/toolbox/workers/home.htm>

**RIDDOR Reporting – COVID-19**

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

**Oil & Gas UK**

**COVID-19: OGUK Medical Examinations – update 2nd June 2020**

**Sentinel – Network Rail – see Annexe 4**

**Maritime & Coastguard Agency**

[**https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/875987/Revised\_ENG\_medical\_examination\_policy\_during\_COVID-19\_pandemic\_information\_for\_Seafarers.pdf**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875987/Revised_ENG_medical_examination_policy_during_COVID-19_pandemic_information_for_Seafarers.pdf)

**Civil Aviation Authority**

**ORS4 No.1354: Covid-19 Outbreak: Extension of Validity Periods for Licences, Ratings and Certificates of Aircrew, Instructors, Examiners, Aircraft Maintenance Licence Holders and Air Traffic Controllers**

* <http://publicapps.caa.co.uk/modalapplication.aspx?appid=11&mode=detail&id=9513>
* <http://publicapps.caa.co.uk/docs/33/ORS4No1354.pdf>

**WHO**

<https://www.who.int/news-room/detail/09-03-2020-covid-19-for-health-workers>

**CIPD**

<https://www.cipd.co.uk/knowledge/fundamentals/emp-law/health-safety/coronavirus-factsheet>

**Coroner**

https://www.judiciary.uk/wp-content/uploads/2020/03/Chief-Coroner-Guidance-No.-34-COVID-19\_26\_March\_2020-.pdf

ALAMA

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

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1. **Guidance – Specialist guidance for specific issues**

**SPIROMETRY**See the advice from 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>

**Cancers**

<http://www.workingfit.co.uk/cancers>

**Cardiology**

**Hypertension**

* <https://www.gov.uk/government/news/coronavirus-covid-19-and-high-blood-pressure-medication>
* <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/behind-the-headlines/coronavirus>
* <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health>

**Dermatology**

**British Assoc Dermatologists**

* <http://www.bad.org.uk/healthcare-professionals/covid-19/covid-19-immunosuppressed-patients>
* <http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6648>

**Diabetes**

<https://www.diabetesonthenet.com/journals/issue/607/article-details/glance-factsheet-covid-19-and-diabetes-dpc>

**ENT**

**ENT UK published information on loss of sense of smell as marker of COVID-19**

<https://www.entuk.org/sites/default/files/files/Loss%20of%20sense%20of%20smell%20as%20marker%20of%20COVID.pdf>

**HAEMATOLOGY**

<https://haemophilia.org.uk/2020/03/17/updated-coronavirus-information/>

**HIV**

**British HIV Association (BHIVA) and Terrence Higgins Trust (THT) statement on COVID-19 and advice for the extremely vulnerable**

* <https://www.bhiva.org/BHIVA-and-THT-statement-on-COVID-19-and-advice-for-the-extremely-vulnerable>
* <https://www.bhiva.org/comment-from-BHIVA-and-THT-on-UK-Government-guidance-on-Coronavirus-COVID-19>
* <https://www.bhiva.org/Coronavirus-COVID-19>

**Terence Higgins Trust**

* <https://www.tht.org.uk/news/coronavirus-covid-19>

**British Liver Trust**

<https://britishlivertrust.org.uk/coronavirus-covid-19-health-advice-for-people-with-liver-disease-and-liver-transplant-patients/>

**Mental Health**

* <https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak/while-working>
* <https://www.cipd.co.uk/knowledge/fundamentals/relations/flexible-working/homeworking-questionnaire>
* <https://www.who.int/publications-detail/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak>
* Coping with stress during COVID-19 [Arabic](https://www.who.int/docs/default-source/coronaviruse/coping-with-stress-print-v0-ar.pdf?sfvrsn=df557c4e_2) [Chinese](https://www.who.int/images/default-source/health-topics/coronavirus/cope-with-stress-zh.jpg?sfvrsn=40131d95_4) [English](https://www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf) [French](https://www.who.int/docs/default-source/coronaviruse/coping-with-stress-fr.pdf?sfvrsn=df557c4e_8) [Russian](https://www.who.int/docs/default-source/coronaviruse/200762-coping-with-stress-ru.pdf?sfvrsn=df557c4e_8) [Spanish](https://www.who.int/docs/default-source/coronaviruse/200762-coping-with-stress-during-the-2019-sp.pdf)
* Helping children cope with stress during COVID-19 <https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf>
* <https://info.healthshield.co.uk/covid-19-employer-and-employee-advice>

**Neurology - Association of British Neurologists**

* <https://www.theabn.org/news/495261/ABN-Guidance-on-COVID-19-for-people-with-neurological-conditions.htm>
* <https://cdn.ymaws.com/www.theabn.org/resource/collection/6750BAE6-4CBC-4DDB-A684-116E03BFE634/ABN_Neurology_COVID-19_Guidance_22.3.20.pdf>

**Renal - The Renal Association position**

[renal.org/covid-19/renal-association-uk-position-statement-covid-19-ace-inhibitorangiotensin-receptor-blocker-use/](https://renal.org/covid-19/renal-association-uk-position-statement-covid-19-ace-inhibitorangiotensin-receptor-blocker-use/)

**Respiratory**

<http://www.workingfit.co.uk/respiratory>

**British Lung Association**

<https://www.blf.org.uk/support-for-you/coronavirus/people-living-with-lung-condition>

**British Thoracic Society**

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

<https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/#Shielding>

**Obstetrics**

**RCOG**

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-28-covid19-pregnancy-guidance.pdf>

**RCOG OH Advice for employers and pregnant women**

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-occupational-health.pdf>

[**https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/**](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/)

**Psychiatry**

* [**https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians**](https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians)
* <https://www.gov.uk/government/news/new-advice-to-support-mental-health-during-coronavirus-outbreak?utm_source=6030a355-bc47-42d5-acc5-8499a6f38573&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>
* Document by Professor Neil Greenburg, Kings College London reviewed by the Mental Health SIG: Mental health and doctors
* <https://blogs.bmj.com/bmj/2020/03/26/looking-after-doctors-mental-wellbeing-during-the-covid-19-pandemic/>

**Rheumatology - British Society for Rheumatology – Risk stratification guidance**

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/clinical-guide-rheumatology-patients-v1-19-march-2020.pdf>

**RCP- Specialty Specific Guidance**

<https://www.rcplondon.ac.uk/education-practice/advice/specialty-specific-guidance-aspects-clinical-care-and-treatment-covid-19>

**FOM / RCP Guidance** 27 Mar 2020

<https://www.fom.ac.uk/wp-content/uploads/Healthcare-staff-with-underlying-health-conditions-FOM-FINAL-1.pdf>

<https://www.fom.ac.uk/wp-content/uploads/specialty-paragraphs-for-vulnerable-HCWS.docx> -

**UK PIN primary immunodeficiency guidance**

<http://www.ukpin.org.uk/news-item/2020/03/24/covid-19-uk-pin-update>

**RCPath guidance on care of deceased**

[https://www.rcpath.org/uploads/assets/0b7d77fa-b385-4c60-b47dde930477494b/G200-TBPs-Guidance-for-care-of- deceased-during-COVID-19-pandemic.pdf](https://www.rcpath.org/uploads/assets/0b7d77fa-b385-4c60-b47dde930477494b/G200-TBPs-Guidance-for-care-of-%20%20deceased-during-COVID-19-pandemic.pdf)

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1. **Testing**

**Gov UK**

[**https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested**](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)

[**https://www.gov.uk/guidance/guidance-on-coronavirus-covid-19-tests-and-testing-kits**](https://www.gov.uk/guidance/guidance-on-coronavirus-covid-19-tests-and-testing-kits)

**FOM position**

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

**SOM principles**  <https://www.som.org.uk/sites/som.org.uk/files/SOM_principles_to_deal_with_testing_issues_relating_to_COVID-19.pdf>

**Scientific Articles**

<https://reaction.life/coronavirus-testing-how-it-works-questions-answered/>

[**https://www.sciencenews.org/article/covid-19-coronavirus-pandemic-how-antibody-blood-tests-work**](https://www.sciencenews.org/article/covid-19-coronavirus-pandemic-how-antibody-blood-tests-work)

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1. **PPE**

Latest guidance <https://www.gov.uk/government/news/public-advised-to-cover-faces-in-enclosed-spaces>

**WHO: Rational use of PPE for Coronavirus disease 19 March 2020**

<https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf>

**Correct procedure for donning PPE - YouTube**

<https://youtu.be/pAuoEBoMxvs>

**Posters and video guide for hospital staff regarding PPE:**

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

**PPE, guide for hospital staff (for Aerosol Generating Procedures):**

<https://www.youtube.com/watch?v=kKz_vNGsNhc>

**Gov: Infection control and when to use PPE, donning & removing PPE**

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

**Infection prevention and control**

[**https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#infection-prevention-and-control**](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#infection-prevention-and-control)

**RCN position statement regarding PPE**

<https://www.rcn.org.uk/covid-19/rcn-position/ppe-position-statement>

**HSE**

Guidance on LOCHER approach - [https://youtu.be/d5g5Dg0h5Js](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2Fd5g5Dg0h5Js&data=01%7C01%7C%7C6a16e93ef5734947d95508d7f103dfb1%7C6b5953be6b1d4980b26b56ed8b0bf3dc%7C0&sdata=YmKY%2FSdt2D0rFSVQYaPMs1p5sANYPmS%2FJkc%2BHTZosAA%3D&reserved=0) and [https://youtu.be/SBzA3\_8OOX8](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FSBzA3_8OOX8&data=01%7C01%7C%7C8eb70be4b2b2406f1cf608d7f6542341%7C6b5953be6b1d4980b26b56ed8b0bf3dc%7C0&sdata=C2Vlpx6E3UpgQi8dYH1KF8cCUkUrRR0OA9lDXgQVppM%3D&reserved=0)

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf>

Fit testing <https://www.hse.gov.uk/pubns/indg479.pdf>

Using disposable respirators <https://www.hse.gov.uk/pubns/disposable-respirator.pdf>

**GUIDANCE ON RE-USE OF PPE IN EMERGENCY SITUATION**

<https://www.n95decon.org/publications>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

<https://www.nebraskamed.com/for-providers/covid19>

<https://www.safety.duke.edu/sites/default/files/N-95_VHP-Decon-Re-Use.pdf>

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1. **Vaccination/immunisation clinics during Coronavirus pandemic**

<http://www.euro.who.int/__data/assets/pdf_file/0004/433813/Guidance-routine-immunization-services-COVID-19-pandemic.pdf?ua=1>

[**Q and A from an OH provider on Vaccination/Immunisation during Coronavirus Pandemic:**](#QA_VACCINATIONS) **ANNEXE 7**

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1. **Research articles – COVID-19**

**BioMed Central**

[**https://www.biomedcentral.com/collections/Coronavirus**](https://www.biomedcentral.com/collections/Coronavirus)

**WHO**

[**https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus- 2019-ncov**](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-%20%202019-ncov)

**Neuroscience news**

<https://neurosciencenews.com/covid-19-steroids-16043/>

<https://neurosciencenews.com/covid-19-belief-16015/>

**BMJ – Isolation period after Coronavirus**

<https://www.bmj.com/content/369/bmj.m1574?utm_source=etoc&utm_medium=email&utm_campaign=tbmj&utm_content=weekly&utm_term=20200424>

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1. **Indemnity**

**MDDUS**

<https://www.mddus.com/coronavirus/coronavirus-update/2020/april/nhs-resolution-launches-new-indemnity>

<https://resolution.nhs.uk/wp-content/uploads/2020/03/20200402-Tripartite_Indemnity_letter.pdf>

On the MDDUS website – from the Scottish Government:

[**https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/**](https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/)

**See page 3:**

**6. Doctors should be assured that decisions taken in good faith, in accordance with  
national actions and guidance to counter COVID-19, will not be held against them.**

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1. **ETHICS**

**Scot Gov Coronavirus and Ethical Support Framework**

[**https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/**](https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/)

**BMA Guidance – Ethical issues**

[**https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues**](https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues)

**RCPsych**

[**https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/covid-19-ethical-considerations**](https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/covid-19-ethical-considerations)

The Royal College of Physicians has published (31 March) [**ethical guidance for frontline staff dealing with the COVID-19 pandemic**](https://www.rcplondon.ac.uk/news/ethical-guidance-published-frontline-staff-dealing-pandemic), supported by more than a dozen other health organisations including RCGP.

[**https://www.rcplondon.ac.uk/news/ethical-guidance-published-frontline-staff-dealing-pandemic**](https://www.rcplondon.ac.uk/news/ethical-guidance-published-frontline-staff-dealing-pandemic)

**GMC**

[**https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/information-for-doctors**](https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/information-for-doctors)

**<https://www.gmc-uk.org/news/news-archive/supporting-doctors-in-the-event-of-a-covid19-epidemic-in-the-uk>**

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1. **Financial support to health professionals**

<https://www.gov.uk/guidance/check-if-you-could-be-covered-by-the-coronavirus-job-retention-scheme>

[**Financial resources**](file:///C:\Users\Nick%20Pahl\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\DMA3DB1U\Resources%20for%20OH%20financial%20difficulties.docx) **– sources of advice**

**For NHS and Non-HNS companies providing Health Plans with Health Shield**

<https://www.healthshield.co.uk/>

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**15** **SOM information**

<https://www.hsj.co.uk/coronavirus/no-nhs-staff-member-should-die-from-work-acquired-covid-19/7027438.article>

**BLOGS**

<https://www.som.org.uk/technology-and-covid-19>

<https://www.som.org.uk/working-home-maintaining-work-life-balance-and-mental-health-challenging-times>

**News**

<https://www.som.org.uk/nhs-oh-support-during-covid-19-pandemic>

<https://www.som.org.uk/som-covid-19-summary-update> (updated daily)

Resources in Work and Health section/Healthcare professionals <https://www.som.org.uk/work-and-health/information-healthcare-professionals>:

**COVID-19**

[What should Occupational Health Professionals know about Mental Health and COVID-19?](https://www.som.org.uk/sites/som.org.uk/files/What_should_Occupational_Health_Professionals_know_about_Mental_Health_and_COVID-19_0.pdf)

[HSE Guidance for occupational health providers, appointed doctors and employers on performing health/medical surveillance](https://www.som.org.uk/sites/som.org.uk/files/Guidance_for_occupational_health_providers_on_health_surveillance.pdf)

[WHO Webinar 19th March 2020 Prof. Claudio Colosio](https://www.som.org.uk/sites/som.org.uk/files/WHO_Italy_Dr._Covid_Colosio_slides_3-19-20.pdf)

[SOM COVID-19 summary update 20th March 2020](https://www.som.org.uk/sites/som.org.uk/files/Advice_March_20th_2020.pdf)

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**Annexe 1: HSE advice re health surveillance:**

**HSE – Appointed Doctor & Health Surveillance** <https://www.hse.gov.uk/news/health-surveillance-coronavirus.htm>

**Annexe 2: COVID- 19 clinical assessment form**

**Date of Call:**

|  |  |
| --- | --- |
| **Surname:** | **Gender: M**  **F** |
| **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)? |  |  |  |
| 1. Do you have a household contact with symptoms or fever (e.g. cough, shortness of breath)? |  |  |  |
| 1. 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: ………………………………………………………….

**Annexe 3: Individual Risk Assessment Checklist for COVID-19 for Pregnant or Other At-Risk Staff Groups**

****

|  |  |
| --- | --- |
| **Name of Staff Member** |  |
| **Job Title** |  |
| **Department/Ward** |  |
| **Name of Assessor** |  |
| **Date of Assessment** |  |
| **Signature of Assessor** |  |
| **Signature of Staff Member** |  |

| **INDIVIDUAL HEALTH ASSESSMENT** | **Tick answer** | | **Notes** |
| --- | --- | --- | --- |
| **Yes** | **No** |
| Does the individual continue to fall into any of the risk groups listed? |  |  | RISK GROUPS   1. Individuals with the underlying medical conditions, such as:   • Chronic lung disease  • Chronic heart disease  • Chronic kidney disease  • Chronic liver disease  • Chronic neurological disease  • Immunosuppression (whether caused by disease or treatment)  • Diabetes mellitus   1. Individuals who have required regular medical treatment for their asthma within the past three years. 2. Pregnant women 3. People aged 70 years and older |
| **OCCUPATIONAL EXPOSURES IN PATIENT AREAS** | **Tick answer** | | **Notes** |
| **Yes** | **No** |
| Does the individual’s job role involve regular work in patient areas/regular patient contact? |  |  |  |
| **If the answer is “yes” to both of the above questions, please complete the risk assessment algorithm and proceed with individual assessment.**  **If the answer is “no” to one or both of the above questions, an individual risk assessment is not required but staff should follow general infection control guidance as follows: -** | | | |
| * Observe good hand hygiene, with frequent use of soap and water or alcohol-containing gel; * Use appropriate personal protective equipment if required for clinical care * Observe isolation requirements for known or suspected COVID-19 cases. * Ensure infection control training up to date   You must follow the infection control precautions (hand hygiene and use of PPE) which reduce the risk of becoming infected and taking the infection home. If you have vulnerable family members living with you at home can seek further advice from OH. Contact details below. | | | |

**Risk Assessment Algorithm for Potential Occupational Exposure to Coronavirus for Staff with Patient Contact**

Work in areas with acute/emergency admissions

Work in outpatients, elective admissions wards without emergency outliers

Yes

No

Not involved in patient care:

E.g. Receptionists Porters

Cleaners, etc.

**Involved in patient care WITH AEROSOL GENERATING PROCEDURES**

Involved in patient care WITHOUT AEROSOL GENERATING PROCEDURES

Work in areas where patients with COVID-19 expected to be assessed or admitted

e.g. Infectious diseases, paediatrics, intensive care units, emergency department, etc,

Potential regular exposures to patients with COVID-19

Work in areas where patients with COVID-19 not routinely expected to be admitted

Not involved in patient care:

E.g. Ward Clerks, Porters

Cleaners, etc.

**Involved in patient care WITH AEROSOL GENERATING PROCEDURES**

Involved in patient care WITHOUT AEROSOL GENERATING PROCEDURES

**Involved in patient care WITH AEROSOL GENERATING PROCEDURES**

Not involved in patient care:

E.g. Ward Clerks, Porters

Cleaners, etc.

Involved in patient care WITHOUT AEROSOL GENERATING PROCEDURES

Patients in these work areas should be advised not to attend if symptomatic with infectious disease. *Unlikely* exposure to patients with COVID-19.

**C:** **Standard Infection control precautions PLUS**

**Infection Control precautions for known or suspected COVID-19 case (See details below).**

**A:** **Universal Precautions/ Best Infection Control Practice**

Continue to raise awareness of symptoms and ensure symptomatic patients/ visitors are advised not to attend hospital if possible

Observe isolation restrictions for COVID-19 cases.

**B: Standard Infections Control Precautions**

For staff protection, compliance with standard infection control precautions including eye protection and face mask if risk of contact with body fluids through aerosol generating procedures.

Maintain vigilance for monitoring for COVID-19.

Reduce exposure to aerosol generating procedures where possible

**A: Universal Precautions/ Best Infection Control Practice**

Continue to raise awareness of symptoms and ensure symptomatic patients/visitors are advised not to attend hospital if possible

Staff who are **severely** immunosuppressed or have **multiple health risk factors** and are in clinical contact with patients - see category **C** and seek advice from Occupational Health

**Standard Infection Control Precautions:**

* Early identification of infectious disease and appropriate isolation
* Universal precautions, i.e. gloves & aprons
* Gowns +/- eye protection +/- moisture repellent surgical face mask if risk of splash of blood/body fluids

**Involved in patient care with AEROSOL GENERATING PROCEDURES (AGPs)**The agreed list of AGP is:

* Intubation, extubation and related procedures such as manual ventilation and open suctioning
* Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
* Bronchoscopy
* Surgery and post-mortem procedures involving high-speed devices
* Some dental procedures (such as high-speed drilling)
* Non-invasive ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
* High-Frequency Oscillating Ventilation (HFOV)
* High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
* Induction of sputum

Note: Administration of medication via nebulisation is not an APG

Key:

**Coronavirus Infection Control Precautions:**

* Reduce exposure to aerosol generating procedures where possible
* For symptomatic, unconfirmed in-patients meeting the COVID-19 case definition - fluid resistant surgical mask, gloves, apron and eye protection, if risk of splashing into the eyes
* For confirmed cases of COVID-19 - fluid resistant surgical mask, gloves, apron and eye protection, if risk of splashing into the eyes
* For possible and confirmed cases of COVID-19 requiring an aerosol generating procedure - FFP3 respirator, disposable eye protection, preferably visor, long sleeved disposable gown and gloves.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **\RISK ASSESSMENT FOR PREGNANT OR AT-RISK STAFF WITH REGULAR PATIENT CONTACT** | | | | | | |
| **OCCUPATIONAL EXPOSURE TO CORONAVIRUS** |  | **Tick** | **Things to consider** | | | |
| Outcome of Algorithm for role  Which level of infection control measure is required? Please tick | **A** |  | * Provide advice on universal precautions and best infection control practice | | | |
| **B** |  | * Reiterate standard infection control advice and personal protective measures (including eye protection and moisture-repellent surgical face mask) for aerosol generating procedures. * Ensure aware of increased precautions and recommendations for patients diagnosed with or suspected to have COVID-19. | | | |
| **C** |  | * Plan to exclude individuals from direct patient care of known or suspected COVID-19 cases. * Discuss modification of work practices, to avoid exposure to patients diagnosed with or suspected to have COVID-19, in the current work area and their practicality e.g. caring for non-infectious patients, performing temporary administrative duties, teaching/training of temporary staff, supervision of staff * If work restrictions are not considered to be operationally practical - consider temporary redeployment to an alternative work area where exposure risk is lower. Escalate this within your departmental or divisional structures. If required, further support is available from the Human Resources or Medical Staffing teams. | | | |
| **Further actions to be taken to reduce risks**  e.g. RPE fit testing, Details of Work modifications /Temporary Redeployment | | | | **By whom** | **By when** | **Date completed** |
|  | | | |  |  |  |
| **Occupational Health Infection Control Team**  **mtw-tr.occupationalhealth@nhs.net x 24037 x 35679  x 24324 x 33232** | | | | | | |

**Once checklist complete, provide a copy to the individual and file in the individual’s personal file.**

**It is the manager’s responsibility to keep this under review or close when no longer applicable.**

**Annexe 4: Covid-19 Outbreak: Guidance from Specific Groups**

**CIVIL AVIATION AUTHORITY (CAA)**

**Extension of Validity Periods for Licences, Ratings and Certificates of Aircrew, In and Air Traffic Controllers**

CAA issued ORS4 1354 containing  exemption 5026 (<http://publicapps.caa.co.uk/docs/33/ORS4No1354.pdf>) that includes measures relating to Class 1 and 3 medical certificate holders together with cabin crew medical report holders.

Th**ere are a number of key issues which are highlighted and expanded upon in the attached guidance for AMEs.**

* To take advantage of the exemption, the medical certificates or cabin crew medical reports must have been valid on the 23rd March 2020 and not beyond 31st October 2020.
  + So, certificate holders who expired before this date without revalidating their certificate cannot use this exemption and must have a renewal medical to exercise license privileges
* The exemption ends on 22nd November 2020 and therefore no certificate validities can be extended beyond this date.
  + So, certificate holders who use this exemption must have a renewal medical before 22nd November 2020 to exercise license privileges after 22nd November 2020
* Certificate holders with medical conditions should still comply with the requirements for provision of medical reports that support their medical fitness.
  + For certificate holders who experience difficulties in provision of reports, AMEs can extend the requirement date for up to 3 months. Further extensions may be granted by the CAA.

Guidance and information will be updated periodically as the situation evolves.

Any queries on this GM and individual cases should be directed through [medicalweb@caa.co.uk](mailto:medicalweb@caa.co.uk)..

**CAA**

The CAA have issued a document stating extensions for medical certificates for those whose medicals are due between 23 March 2020 and 31 October 2020. For those to whom this applies – they must have their medical before 22 November 2020.

**Divers**

HSE state if divers can produce evidence that they cannot get a medical then an extension to 1 June may be granted.  It is not giving a blanket exemption.

<https://www.hse.gov.uk/news/divers-medical-certificate-extension-coronavirus.htm>

Safety Critical Medicals - as these fall outside HSE mandatory obligations - will need to be an individual/company call after Risk Assessment

At present Group 2 rules are unchanged. The Minister is engaged with this issue, but legislative change has to made in order to permit an extension to current licences.

**Network Rail**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  |  |  | | --- | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  |  |  | | --- | | Dear Doctor, |  |  | | --- | |  |  |  | | --- | | **COVID 19 - SENTINEL EXTENSIONS TO COMPETENCE AND MEDICAL CERTIFICATION**   The COVID 19 situation is clearly developing at pace and in keeping with Government direction, it is critical that we all play our part in keeping the railway running safely for those who rely upon it during this national emergency. To fulfil our duty in maintaining and operating the network, we are reliant on the ready availability of trained, fit and competent staff.  We have already seen a steady decline in staff attending training, even while it is still available, and it is not difficult to envisage a situation soon when traditional training and assessment activity is stopped completely.  It is logical to assume that routine medical activity will also be suspended or become equally difficult for staff to attend in a timely manner.   In order to mitigate the risks of not having sufficient, skilled people to maintain the network safely for vital freight and key worker services, Network Rail has temporarily extended by four months all Sentinel railway competences and medical certificates. The system will be updated by 26th March but for the avoidance of doubt, the extension period is effective from today.  For Network Rail staff, HAVS health surveillance dates and Annual Capability Conversation (ACC) requirements have also been extended and Oracle will be updated in a similar timeframe.  By undertaking this as an extension for all competences, not just those expiring in the next four months, we prevent a bow wave of reassessments which I am sure you all welcome.     While the mandatory requirement for re-training, formal assessment, and the ACC will be suspended during this period, managers have an important role to diligently observe the other requirements of competence management.  If a manager or individual doubts continued competence or becomes aware of any change in health status or behaviour, they must stop work using that competence and engage with the relevant service for advice. If there is any suspicion about someone being unfit through drugs or alcohol, there is no relaxation to existing controls.   Network Rail has taken account of Office of Rail and Road emergency guidance published on 20 March and undertaken a risk assessment before implementing this change. The unprecedented crisis and the need to maintain vital transport links formed part of that assessment. While the formal recertification etc has been deferred, careful oversight by managers of the workers affected and continuing local competence management support our judgement that any additional risk is minimised and acceptable for this temporary period.  I will consult with others before the end of the extension period at which time I will decide whether a further extension is required.     Rupert Lown  Chief HSQE Officer Network Rail | |  | | Everyone Home Safe Every Day - Ask Yourself, Ask Security - Take 5 |  |  | | --- | |  | |  |  | | --- | |  | | | | |

**COVID-19: OGUK Medical Examinations**

**Given:**

* Increasing ‘stridency’ of UK government advice to general public to avoid contact with others whenever possible
* Advantage of ‘reduced social contact’ in minimising probability of offshore workers acquiring Covid-19 infection
* Clinical pressure on UK GPs (who comprise a significant proportion of UK examining doctors)
* Demand on industry occupational health services for advice and technical support on Covid-19 issues

It is considered that there is overall advantage in reducing the medical examination of offshore workers where local or national Covid-19 circumstances make this desirable.

Therefore, with immediate effect, for workers with OGUK medicals expiring within the next three months (i.e. to 30th June 2020), it is recommended that installation operators may decide that re-examination and recertification is not necessary, subject to the following:

A. Normal (Addendum 2) Certificates

An existing normal (addendum 2) certificate may continue to be considered valid until 30th June 2020, regardless of an existing expiry date before then.

B. Restricted (Addendum 3) Certificates

Existing expiry dates on restricted (addendum 3) certificates will continue to apply. Examining doctors may issue an extended addendum 3 certificate to a date no later than 30th June 2020 without face-to-face, in-person assessment of the holder, provided the doctor has conducted a ‘remote’ (telephone, videocall etc) consultation with the examinee, and has contacted the operator medical advisor for discussion in the usual manner.

The initial date of 30th June above may be extended, should circumstances suggesting this is appropriate continue.

**Fit-to-Train assessments**

The industry is reminded that certificates of fitness to train do not have an expiry date and remain valid on transfer from one employer to another. OPITO has issued advice on extension to BOSIET and FOET certification: the need for new fit-to-train certification is likely to reduce accordingly. For the small number of delegates requiring a fit-to-train assessment (because they have not previously had one and are attending a BOSIET for the first time, or a FOET because of inability to obtain extension to existing certification), the examining doctor may conduct the assessment by ‘remote’ means (telephone, videocall etc): if examination or spirometry is required, the examining doctor should default to a finding of ‘unfit’ to train – this will not prevent delegates gaining a survival certificate.

**Fitness to return to work assessments**

Fitness to return to work assessments should be conducted by ‘remote’ means (telephone, videocall etc) whenever possible. Examining doctors should reach conclusions on the basis of their professional judgement given the reasonably available clinical information in the circumstances.

**Requests for clinical information reports from hospital clinicians/GPs**

Examining doctors are reminded that pressures on clinically-practicing doctors are likely to be ‘intense’ currently; requests for medical reports are likely to be answered only after extreme delay, if at all. In the interests of reducing workload on stretched clinical treatment services, examining doctors should avoid requesting such reports if at all possible. Examining doctors are requested to make assessments on the basis of their professional judgement given the clinical information reasonably available. It is accepted that this may increase the risk of inappropriate judgements in the presence of inaccurate history from the examinee.

**Survival training certification**

OPITO has implemented a process for extension of survival certification where refresher training cannot be undertaken due to Covid-19 limitations. The OPITO process can be found here: <https://www.opito.com/covid19>

This position will be reviewed, and further advice issued prior to 30th June 2020

**To all OGUK Examining Doctors - OGUK medicals in the Covid-19 pandemic**

Please see the attached OGUK advice note regarding acceptance of OGUK medical certificates. In the UK and elsewhere in the world, governments and health services are introducing restrictions on unnecessary movement of people and advising citizens to minimise contact with other people whenever possible.

It is obvious to all of us that the oil and gas industry is an essential industry for a continued energy supply and normal operation of society, and that the aim is to balance the need for minimum contact with other people with continued operations offshore.

The note should be self-explanatory, but for the avoidance of doubt, the principle here is that the operator will decide whether or not to accept an 'expired' medical.

For example, an employee or contractor's medical runs out on e.g. 15th April. They may be booking to renew it on 30th March, but the 'extension' advice means that the installation operator can choose to regard that 15th April certificate as continuing to be valid to 30th June. The worker/employer can thus delay booking their medical until, say, mid-May, and in the meantime, avoid contact with other people at the medical facility. There should generally be no need for the examining doctor to issue paperwork to confirm the extension - this may be handled by operator logistic department.

The operator can decide that it will not accept the expired medical and that it wants the employee/contractor to renew their medical on 30th March as planned. If so, the worker will have their medical in the usual way.

It is accepted that the effect of this advice note is likely to be a drop in demand for OGUK medicals over the near term, quite possibly substantially so. If as seems likely the Covid-19 disruption continues for some time, the need for 'extension' will continue: providing the attached advice now allows a 'breathing space', in which arrangements for longer-term appropriate continuing medical assessment of fitness for work of offshore workers, with minimum need for personal interaction and demand on medical services, will be settled.

As a reminder for those examining doctors who have asked, lung function testing (peak flow rate or spirometry) is NOT a 'routine' requirement at OGUK medicals. The attached advice, along with industry down manning of 'vulnerable' workers, makes it much less likely that it will be clinically indicated.

Regards to all,

Dr Graham Furnace

**OGUK Medical Adviser**

**Annexe 5: Job Retention Scheme “Furloughing” – question and answer:**

Q Staff who are self-isolating as per the recommendations – could they be furloughed? If not (i.e. it’s considered sickness) what about at the end of the isolation when they theoretically could come back but we don’t want them too?

A Furlough is not available to those on sick leave. If the sickness ends and they would be looking to come back, then they can furloughed at that stage. Note there is a minimum furlough period of 3 weeks

Q Staying home to look after kids or vulnerable people, so they’re not sick themselves and therefore are potentially zero pay, could they be furloughed?

A If they are not needed for work then they can be furloughed. Note however that you cannot furlough for part of the time. They must do no work at all.

Q Could we rotate staff on furlough to protect teams of staff

A There seems to be nothing to prevent someone being furloughed (for at least 3 weeks) and then resuming work so this should be fine subject always to the 3-week rule.

**Coronavirus Job Retention Scheme – summary**Employers can reclaim up to 80% of wage costs up to a cap of £2,500 per month, plus (not including) the associated employer NICs and minimum auto-enrolment pension contributions on that wage. Fees, commissions and bonuses are not included. An employer can choose to top up to 100%, but does not have to (subject to employment law and renegotiating any contractual entitlements).  
  
The 80% of the employee’s salary is based on the higher of  
(1)        The earnings in the same pay period in the previous tax year;  
Or (2)        The average earning the previous 12 months (or less, if they have worked for less).  
  
For an employer to qualify for the payment under the scheme, the employee must have been furloughed for a minimum of three weeks solid. After this three-week period the employee can come off furlough. Therefore, this means an employer cannot rotate staff between furlough and non-furlough.   
  
Employees on sick pay or self-isolating cannot be furloughed but can be furloughed afterwards. Employees who are shielding (these are the high-risk people) can be placed on furlough.  
  
Employees on maternity (or similar) leave can continue to draw SMP (or similar) payments.  The guidance does not prohibit women on maternity leave agreeing to return to work early and then being furloughed or electing to change to shared parental leave and then being furloughed.   
  
**Temporary workers**If you’ve been employed (or engaged by an employment business in the case of agency workers) for a full year, employers will claim for the higher of either:

1. The amount you earned in the same month last year
2. An average of your monthly earnings from the last year

If you’ve been employed for less than a year, employers will claim for an average of your monthly earnings since you started work. The same arrangements apply if your monthly pay varies such as if you are on a zero-hour contract.  
  
If you started work in February 2020, your employer will pro-rata your earnings from that month.  
  
Bonuses, commissions and fees are not included as part of your monthly earnings.  
  
If you would like to read the guidance for self-employed individuals, [click](https://thrivelaw.acemlna.com/lt.php?s=fa25ff581bfceec864726cda307230a9&i=130A176A21A824)  <https://www.gov.uk/government/news/chancellor-gives-support-to-millions-of-self-employed-individuals>

**Annexe 6 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](mailto:joanne.moorby@qni.org.uk) or [Justine.curtis@qni.org.uk](mailto:Justine.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 Finn Fund and Turn 2 Us (as above) | <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 household goods, |
| **Cavell Nurses Trust** | <https://www.cavellnursestrust.org/help-and-advice/>  Tel: [01527 595 999](tel:01527%20595%20999)  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.moneyadviceservice.org.uk/en> | General advice – The website states it was established by the government and offers free, impartial advice. |
| **Citizen’s Advice Bureau** | <https://www.citizensadvice.org.uk>  <https://www.citizensadvice.org.uk/debt-and-money/> | CABs offer free, independent, confidential and impartial advice accessible online, by phone or in person 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 Mind website for those seeking urgent help |
| **Domestic abuse** Refuge**.** This is a resource for women and children affected by domestic abuse  **Mankind** | <https://www.nationaldahelpline.org.uk>  <https://www.mankind.org.uk> | **Refuge:** A freephone, 24-hour, National Domestic Abuse Helpline [0808 2000 247](tel:0808%202000%20247)  **Mankind**: a resource for male sufferers of domestic abuse. Confidential helpline: 01823 334244 |

**Annexe 7 Fitness to work letter – suggestion**

Date

Employer:

Employee Name:

Date of Birth:

[readcted] had a further occupational health assessment by telephone on

**On the basis of today’s occupational health assessment the employee is considered:**

**Fit for work with adjustments, should these be feasible**.

Having considered his health conditions, he is not in the extremely vulnerable group, as defined by the Government, but as he has a combination of conditions that make him more vulnerable, my advice is that his risk is greater than those in the increased risk group. I advise his risk is HIGH (AMBER).

**Remarks**

my recommendation therefore is that STRINGENT SOCIAL DISTANCING measures are put in place, and such other arrangements that you agree with him that are needed to protect his health over the coming weeks and months. It is likely that these protective measures would be needed at least for the next three months, and for any longer period that we may advise, based on Government guidance.

If you have any questions about this Statement please do not hesitate to contact us on

**References:**

Government guidance on coronavirus (COVID-19) at: <https://www.gov.uk/coronavirus>

Government guidance on social distancing and protecting the vulnerable at: <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 GPs, employers, hospital doctors and occupational health practitioners on using fit notes (statements of fitness for work) at: <https://www.gov.uk/government/collections/fit-note>

Fit note: guidance for employers and line managers at: <https://www.gov.uk/government/publications/fit-note-guidance-for-employers-and-line-managers>

Employers guide to assessing fitness to work, including asking for medical evidence at: <https://www.gov.uk/guidance/statutory-sick-pay-employee-fitness-to-work>

**ANNEXE 8:**

**Q and A from an OH provider on Vaccination/Immunisation during Coronavirus Pandemic:**

* Where an individual has no evidence of measles and rubella immunity nor evidence of 2x MMRs, do we give the MMR course rather than first checking immunity?

**Yes.  Taking blood for serology will take time, may increase risk of exposure to COVID-19, and will require a second visit.  Giving an immunisation will offer protection if not immune and will act as a booster if already immune.**

* Should we ensure to do 2x MMR rather than delay the 2nd MMR until post-Corona?

**No. The second dose must be delayed until the pandemic has settled.**

* Where an individual had none or one Hep B only, we just get them vaccinated up to their 2nd Hep B?  (anyone due their 3rd Hep B to be delayed until post-Corona).

**Yes.  Even one dose will offer some protection, but the third dose can be delayed until the pandemic has settled.**

* Assuming the same where they failed their first Hep B course and started a second course, we also just get them vaccinated for a 1st & 2nd Hep B (anyone who started their 2nd course and already had the 1st & 2nd to delay their 3rd until post-Corona).

**No.  Any person who is a non-responder should have a further course only when the pandemic has settled.  The reason for this is that as there is no guarantee that the second course will generate a response, and the only restriction should be for the individual not to do exposure prone procedures (EPPs).  As we are not dealing with staff who do EPPs, a second course would create a risk of COVID-19 infection (as for all imms) but with little or no benefit.  The employer should be advised if individuals are not immune but should also be advised that they can work for them (unless they are doing EPPs).**

* Do we delay any booster Hep B’s due to a weak seroconversion until post-Corona?

**Yes.**

* Where individuals claim they had a Hep B course but don’t have evidence of surface antibodies, do we delay the blood test until post-Corona, unless they need to have MMRs?  In this instance we can do the Hep B surface antibody test when they attend for their first MMR?

**Yes.  Undertaking a blood test requires a greater degree of contact than an immunisation, so we should ordinarily not take blood at this time.  The purpose of the Hep B immunisation is to protect the individual; if they are clear they have already had a course of Hep B then it is reasonable to delay the confirmatory blood test until after the current pandemic has settled.  The employer should also be advised that they can work for them (unless they are doing EPPs) and that we will check their serology once threat subsides.**

* At the moment GPs being closed/ running a reduced service we can expect a delay in individuals getting immunisation evidence from their doctors.  Do we wait – or do we start an MMR course**.**

**Any individual is legally entitled to require their doctor’s surgery to provide a print-out of their immunisation records and for this to be emailed to them.  If they face obstruction, they have the legal right to a subject access request (SAR), in which case the records must be provided to them in 28 days.  However, most people should have no difficulty in obtaining this and should not need to resort to the SAR process.**   **If the individual is unable to provide the evidence, we should start the MMR course as advised above.  The second dose must be delayed until the pandemic has settled.**

**GUIDANCE ON RISK ASSESSMENT FOR STAFF AT RISK OF SEVERE COVID-19 ILLNESS TRAFFIC LIGHT APPROACH**

***Please note, this is a rapidly evolving situation and this document will be updated to reflect any further guidance from the Scottish Government.***

This guidance is designed to support the health and safety at work of NHS Fife employees. There are particular groups considered to be at risk of severe COVID-19 illness. This guidance will assist Line Managers in assessing and controlling the risks to health, specifically for staff in these groups. Occupational Health advice can be sought at any time.

|  |
| --- |
| **\*\*IF YOU/ YOUR STAFF MEMBER HAS RECEIVED A ‘SHEILDING’ ADVISORY LETTER FROM SCOTTISH GOVERNMENT’s CHIEF MEDICAL OFFICER YOU/THEY SHOULD NOT BE RISK ASSESSED USING THIS DOCUMENT.**  **\*\*INSTEAD YOU/THEY NEED TO GO HOME IMMEDIATELY.**  You/ they can work from home if it is feasible/ can be organised by management.  **\*\*PLEASE NOTE THERE IS NO OTHER ACCEPTABLE SCENARIO THAN WORKING FROM HOME OR STAYING AT HOME IF A GOVERNMENT LETTER HAS BEEN RECEIVED.**  Sharing of this letter with management should take place by electronic means  (e.g. by taking a picture and emailing/ texting it to management – **DO NOT SEND IT TO OCCUPATIONAL HEALTH**) |

If a staff member who has not received a letter from the Scottish Government advises they have underlying health conditions, please note the following guidance:

**Section 1: Staff Groupings**

Staff can be divided into three groups:

**1) Green:** Those staff who are able to work without restriction within the Red Zones. This includes all healthy staff that do not have any underlying health conditions: These staff are colour coded green **‘Green for Go’**.

1. **Amber:** Those staff with underlying health conditions which may increase the severity of COVID-19 disease, should they contract Sars CoV 2 infection. Most of these staff are colour coded amber **‘Amber for Caution’**. Most staff in this group can continue to work as long as they practice strict hygiene measures. These staff should not be working face to face with confirmed or suspected cases of COVID-19, but should be deployed to areas where COVID-19 patients are not cared for or assessed. In some cases, these staff may be advised to work in areas without patient contact. These staff, should they work in a crowded environment, i.e. continual close working (within 1 m) of other staff members for prolonged periods of time (> 1 hr) should be relocated into less crowded environments as much as possible.

The Scottish Government has highlighted **exceptions** to some health conditions where certain staff can work with patients with confirmed or suspected COVID-19 and are **‘Green to Go’**. *These guidelines are not definitive and may be varied by Occupational Health in individual cases.* If in any doubt, please seek Occupational Health advice.

**3) Red:** Those staff with underlying health conditions which increases the severity of COVID-19 disease, should they contract SARS CoV 2 infection, to the highest risk level. All these staff are colour coded **‘Red – Stop and Go Home’**. To date, the following have been defined as the highest risk factors for severe disease. Staff with these conditions should be asked to work from home if possible, transferred to duties that could be undertaken at home, or asked to remain away from work (practising social distancing and / or self –isolation) until the outbreak has abated. In most cases, staff in this grouping will have been sent a **shielding** letter from the Scottish Government, however this may not always be the case if the person is still undergoing investigations, does not have a definitive diagnosis or this is a new diagnosis, for example.

**Section 2: List of Health Conditions**

1. Those staff with no underlying condition are at no increased risk, and are **‘Green to Go’**.



1. Those at **INCREASED risk of severe illness - ‘Amber for Caution’**. This includes people who have:

* Chronic (long-term) respiratory diseases, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis.

**Exception:** Scottish Government guidance states staff with stable asthma should continue to take their regular medication and do not require any additional precautions beyond maintaining strict hygiene measures. This can include people who are on low dose steroid inhalers and / or those who have had no more than three short courses of oral prednisolone in the last 12 months. These people should be referred to Occupational Health for a bespoke risk assessment using the referral from at the end of this document, to establish if they are fit for red/green zone work.

* Chronic heart disease, such as heart failure
* Chronic kidney disease stages 4 and 5
* Hypertension is a clear risk factor, often together with other chronic health conditions.

**Exception:** Scottish Government guidance states staff who have well controlled hypertension on one medication should not be excluded from working with suspected/proven COVID-19.

* Chronic liver disease requiring immunosuppressive medication or having progressed to severe fibrosis or cirrhosis.

**Exception:** Scottish Government guidance statesstaff with viral hepatitis without severe fibrosis do not require any additional precautions beyond maintaining strict hygiene measures.

* Chronic neurological conditions requiring regular treatments, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy.

**Exception:** Scottish Government guidance states staff with epilepsy need not be excluded and can work safely.

**Exception:** Scottish Government guidance statesstaff with learning disabilities and who have no other co-morbidity that increases the risk and able to comply with strict hygiene measures need not be excluded and can work safely.

**Exception**: Scottish Government guidance statesstaff with dyslexia can work safely. Staff with cerebral palsy who have Gross Motor Function Classification System Grades 1 and 2 can work safely if they have no other co-morbidities that increase their risk.

* Diabetes. Diabetes has clearly been identified as a risk factor but potential variations between Type I and type II diabetes and age are not clear. Scottish Government guidance proposes individual risk assessment for staff with diabetes is required. All staff in this grouping should be referred to Occupational Health using the referral form at the end of this document.
* Splenic problems.

**Exception:** Scottish Government guidance states staff with splenic dysfunction or asplenia do not require any additional precautions beyond maintaining strict hygiene measures.

* A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or immunosuppressants.

**Exception:** Scottish Government guidance statesstaff with HIV who have an undetectable viral load and CD4> 350 do not require any additional precautions beyond maintaining strict hygiene measures.

* Immunomodulatory drugs vary widely in the degree of immunosuppression produced. Scottish Government has adapted advice on immunosuppression from the Infectious Disease Society of North America that was produced for guidance on administering live vaccines. This is set out in Appendix 1.

**Exception:** Scottish Government guidance states that staff on drugs producing low level immunosuppression or low dose steroids as safe to work (see Appendix 1).

* Being seriously overweight (a BMI of 40 or above).

**Exception:** Scottish Government guidance states that staff with a BMI greater than 40 but with no other chronic health conditions, as described above, do not require any additional precautions beyond maintaining strict hygiene measures.

Whether or not individuals in these groups can remain in the workplace and what duties they can do, will depend on Risk Assessment (see proforma below). Managers should complete their risk assessment with the staff member and consider whether a bespoke assessment is required. If so, use the referral form at the end of this document.

**3) Those at HIGHER risk of severe illness: ‘RED - STOP and Go Home’.** These staff should not be on site. These are clinical conditions which put people at even higher risk of severe illness from COVID-19. Conditions in this higher risk group include:

1. **Solid organ transplant recipients**
2. **People with specific cancers**

* People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer.
* People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment.
* People having immunotherapy or other continuing antibody treatments for cancer.
* People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
* People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.

1. **People with severe respiratory conditions including all cystic fibrosis, severe asthma (requiring regular hospital admissions) and severe COPD**

* Severe asthma: Anyone receiving high dose long term steroid (see Appendix 1), methotrexate, azathioprine, MMF, omalizumab, mepolizumab or benralizumab, or three times a week azithromycin; or has had 3 or more short courses of oral steroids for exacerbations within the past year.

1. **People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)**
2. **People on immunosuppression therapies sufficient to significantly increase risk of infection (see Appendix 1)**

**f)     People who are pregnant with significant congenital or acquired heart disease at any gestation, or any other underlying conditions such as any of the above. Such workers are advised to work from home or stay at home until end of maternity leave, when the risk must be re-assessed.**

Those in this group should be advised to go home/ work from home for the duration of the outbreak.

See Figure 1 below for an illustration of the Traffic Light guidance.

**RISK ASESSMENT**

It is essential, for staff with underlying conditions who remain in the workplace, that a risk assessment is undertaken by the relevant line manager, to determine suitable duties / deployment.

As can be seen, the risk across the **‘increased risk’** group in particular is not uniform. Furthermore, because of strict infection prevention and control in health and social care work, the risks are considered lower than for those with the same conditions in the public setting. As such, many staff in the ‘**increased risk’** group will be able to remain at work. Line managers should work through this risk assessment with their staff member in the first instance and consider using the COVID-19 referral to Occupational Health, only if this is to assist the decision for a staff member in an **‘increased risk’** group to remain at work. Do not refer staff in the ‘**RED - STOP and Go Home’** staff grouping to Occupational Health, nor any staff member who has received a shielding letter from the Scottish Government, because there will be no alteration of the advice to go home by Occupational Health under any circumstance.

Any Occupational Health referral **must** be made using the Occupational Health HUB email address:

[Fife-uhb.occheath@nhs.net](mailto:Fife-uhb.occheath@nhs.net)

This email account is answered Monday to Friday 08.30am - 16.30pm.

**The referral MUST use the attached Occupational Health COVID referral form. The referral form must be fully completed.** Once Occupational Health has made an assessment of the employee’s fitness for duties and recommendation for adjustments / modifications, the Line Manager will receive advice by email as soon as possible.

The Line Manager should then incorporate the OH advice into their risk assessment. The Line Manager will then decide on appropriate control measures / the employee’s ability to remain physically in the workplace and with which precautions, including altering work location/ avoiding crowded areas/ strict social distancing / at home but working from home including adjusting work duties.

The Line Manager’s Risk Assessment form follows on Page 6.

**LINE MANAGER RISK ASSESSMENT PROFORMA**



Indicate which box applies by shading, inserting a cross or printing and marking with pen:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Line Manager’s Name:** |  | | | |
| 1. **Employee’s Name:** |  | **Role:** | |  |
| 1. **Date of Risk Assessment:** |  | | | |
| 1. **Employee’s Broad Risk Group:** | In which risk group category is the employee?  **(Refer to lists above. If in doubt, refer employee to Occupational Health** | 1 – **increased** risk of severe COVID-19 illness  **(Go to 5)** | 2 – **higher** risk of severe COVID-19 illness  **The employee must be advised to stay at home and work from there, if possible.**  **(Go to 11)** | |
| 1. **Hazard:** | Is there reasonable and foreseeable exposure to COVID-19 infected patients and/or specimens? | Yes  **(Go to 6)** | No (e.g. works in an admin office in a site with no patients)  **May continue at work only if risk controls 7, 8 and 9 below can be met.**  **(Go to 7)** | |
| 1. **Risk Group Refinement:** | Is the employee in any of the **exceptions** of the increased risk group? **(Refer to lists above. If in doubt, refer colleague to Occupational Health:**  [**fife-uhb.occhealth@nhs.net**](mailto:fife-uhb.occhealth@nhs.net) | Yes, **in exception**  **May continue to work as normal, with strict infection control precautions**  **(Go to 10)** | No, **not in** exception  **Consider work from home / reduce exposure / redeploying / reduce work in crowded area. Consider referral to Occupational Health**:  [**fife-uhb.occhealth@nhs.net**](mailto:fife-uhb.occhealth@nhs.net)  **(Go to 10)** | |
| 1. **Risk Control:** | Can the employee be relocated to a role where they are not physically working with patients? | Yes. **Consider alternative duties / roles / location such as telephone / VC / non patient contact / administrative duties / work from home.**  **(Go to 8)** | No **Must be advised to stay at home and, work from there, if possible.**  **(Go to 11)** | |
| 1. **Risk Control:** | Can “social distancing” measures be reliably implemented at work?  **(See NHS Inform website)** | Yes  **(Go to 9)** | No  **Must be advised to stay at home and work from home, if possible.**    **(Go to 11)** | |
| 1. **Risk Control:** | Can handwashing and respiratory hygiene be reliably implemented at work?  **(See NHS Inform website)** | Yes  **(Go to 11)** | No  **Must be advised to stay at home and e work from home, if possible.**  **(Go to 11)** | |
| 1. **OH Advice, if referred:** |  | | | |
| 1. **Decision on adjustments reached with employee:** |  | | | |
| 1. **Agreed actions to progress:** |  | | | |
| 1. **Date of Review:** |  | | | |

**ANNEX 9**

**OCCUPATIONAL HEALTH REFERRAL FOR COVID-19 QUERIES   
(DO NOT USE FOR OTHER REFERRALS)**

**Please complete the details below and email to:** [**fife-uhb.occhealth@nhs.net**](mailto:fife-uhb.occhealth@nhs.net)

|  |  |
| --- | --- |
| **REASON FOR REFERRAL (Please tick):** | |
| 1. **Has the staff member received a ’shielding’ letter from Scottish Govt.? If yes, DO NOT REFER TO OH, send the staff member home.** 2. **Has your risk assessment identified underlying conditions which confer highest risk within the ‘RED - STOP and Go Home’ grouping? If yes, DO NOT REFER TO OH, send the staff member home.**   **Also considering Appendix 2, ONLY use this form for staff in the ‘Green to Go’ or ‘Amber for Caution’ groupings if you need advice on (please tick):**   * **Guidance to support risk assessment for underlying health condition/s** * **Guidance to assist with return to work in those with underlying conditions** * **Other COVID-19 related query** | |
| **EMPLOYEE DETAILS** | |
| First Name: |  |
| Surname: |  |
| DOB: |  |
| Job Title: |  |
| Email: |  |
| Mobile Number: |  |
| **LINE MANAGER DETAILS** | |
| Name: |  |
| Email: |  |
| Telephone Number: |  |
| **PLEASE PROVIDE BASIC DETAILS OF YOUR QUERY:** | |
|  | |

****

FIGURE 1: ILLUSTRATION OF RISK GROUPS AND RECOMMENDATIONS   
FOR SUITABILITY TO WORK ON SITE / PATIENT FACING

**Highest Risk**

**Go Home and home work if possible**

**Increased   
Risk**

**Caution and provide only work without COVID-19 exposure**



****This is guidance for any Line Manager or employee who considers that it is required. Line Managers are **NOT** expected to be able to assess this themselves, but where a line manager is interested in this information or clinically competent to use this information (such as may be required at short notice Out Of Hours when Occupational Health is not available for immediate advice) it is included to aid decision making with their employee.

**Able to   
work with precautions**

**Appendix 1**

**IMMUNO-SUPPRESSION**

**Level of Immunosuppression**

Assessing the degree of immunosuppression is difficult. The information below is for guidance only.

The Infectious Diseases Society of America has defined different levels of immunosuppression.

**High level of Immunosuppression is receiving:**

* Chemotherapy
* Daily corticosteroid (see below)
* Biologics
* Haematopoetic stem cell transplant

**Low level of Immunosuppression is receiving:**

* Low dose corticosteroid (see below)
* Methotrexate < 0.4mg/kg/week
* Azathioprine < 3mg/kg/day
* 6-mercaptopurine < 1.5mg/kg/day

**Types of Immunosuppressant Drugs**

Different Immunosuppressant drugs target different parts of the immune response and hence their effects are variable and additionally are influenced by the underlying disease state.

**Prednisolone**

There is no consensus as to what constitutes a low dose of steroid, but in general:

* Low dose steroid:
* <20mg prednisolone for <14 days
* Alternate day treatment with short-acting steroids
* Topical/intra-articular/soft tissue injection of steroid
* Replacement treatment at physiological doses
* Long term low dose steroid, <10mg/day prednisolone
* High dose steroid:
* A dose of 20mg of prednisolone daily for > 14 days or 40mg daily for > 1 week is considered to cause significant immunosuppression.

**Appendix 2**

**HOW CRUCIAL IS THIS TEAM / DEPARTMENT TO COVID-19 RESPONSE?**

