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1. Where can I find Trust Occupational Health (OH) and HR advice for staff about COVID-19?

Comprehensive OH and HR advice for staff is available on the COVID-19 homepage on GTi. This is regularly updated as advice from PHE changes frequently at the moment.

If, having read the guidance and this FAQ document, you still require further advice, Occupational Health can be contacted via email OHAdministrator@gstt.nhs.uk

For urgent queries only: 020 7188 7188 EXT 53688 or 020 7188 4152, Mon – Fri, 09:00-17:00, calls are triaged and answered according to priority.

Staff who are symptomatic must not attend the OH Department.

Outside of these hours, for urgent queries contact: Site Nurse Practitioner on Bleep 0165 (STH) or 1165.

2. What are the symptoms of COVID-19?

Common signs and symptoms can include:

- a high temperature (≥37.8°C) – this means you feel hot to touch on your chest or back
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with COVID-19 have at least 1 of these symptoms.

Other symptoms can include:
- Shortness of breath or difficulty breathing
- Muscle aches
- Sore throat
- Congested nose
- Headache
- Chest pain
- Diarrhoea
- Nausea and vomiting
- Fatigue

Illness due to COVID-19 infection is generally mild, especially for children and young adults. However, it can cause serious illness in some people. While there is still only limited information about how COVID-19 affects people, older individuals, individuals from Black, Asian and minority ethnic (BAME) backgrounds and those with underlying health conditions (such as heart disease, lung disease, cancer or diabetes) appear to be at higher risk of developing more serious complications.

3. How does the coronavirus spread?

According to the experts, COVID-19 is mainly spread from person to person, usually via close contact (within 2 meters).
It can be spread through physical contact like handshaking if someone’s hands are contaminated with the virus. It can also spread through respiratory droplets produced when an infected person coughs or sneezes (again, that’s why the 2 meter rule is handy: those droplets can travel that far, and land on another person’s mouth or nose, and can even be inhaled). The virus may also spread from person to person through contact with surfaces that have been touched by those infected. The virus can then gain entry into your body when you touch your own face. That’s why experts emphasise basic infection control measures, like washing hands correctly (20 seconds with soap and water), regularly wiping down common surfaces and social distancing at a distance of 2m.

4. **What do I do if I feel unwell at work and I’m concerned that I might have COVID-19?**

If you develop any symptoms (see Question 2) whilst at work you must:

- Self isolate away from patients and colleagues
- Inform your line manager

Contact the testing team by emailing Covid19testing@gstt.nhs.uk requesting an urgent test appointment. If it is not possible to safely wait for the next available test appointment before returning home you must arrange testing as soon as possible. **Testing must take place between day 1 and day 7 of becoming symptomatic.** Testing can also be accessed outside the Trust at a local community test centre via the following link: [https://www.nhs.uk/ask-for-a-coronavirus-test](https://www.nhs.uk/ask-for-a-coronavirus-test).

- Return home wearing a surgical mask and adhering to strict social distancing measures
- If symptoms require medical advice you should use the NHS111 online service or call NHS111 and seek appropriate medical review. In an emergency call 999
- If symptoms persist or worsen after 7 days you must seek medical attention. Contact Occupational Health to discuss further.

The outcome of the swab test will determine when you can return to work.

5. **What do I do if I feel unwell at home and think I might have COVID-19?**

If you develop any symptoms (see Question 2) whilst you’re at home you must:

- Self-isolate at home
- Inform your line manager
- Contact the testing team by emailing Covid19testing@gstt.nhs.uk requesting a test appointment. **Testing for COVID-19 must take place between day 1 and day 7 of becoming symptomatic.** Testing can also be accessed outside the Trust at a local community test centre by the following link: [https://www.nhs.uk/ask-for-a-coronavirus-test](https://www.nhs.uk/ask-for-a-coronavirus-test).

- If symptoms require medical advice the HCW should use the NHS111 online service or call NHS111 and seek appropriate medical review. In an emergency call 999
- If symptoms persist or worsen after 7 days the staff member must seek medical attention. Contact Occupational Health to discuss further.

The outcome of the swab test will determine when they can return to work (see section 5).

6. **What exactly is meant by self isolation?**

This means staying at home and not going to work, school or public areas. You should:
• avoid using public transport or taxis during the 10 day isolation period
• avoid having visitors to your home
• ask friends, family or delivery drivers to drop off food but not enter the house unnecessarily
• ask friends, family or delivery services to carry out errands on your behalf

For further information for you and your household members see Public Health England (PHE) COVID-19 stay at home guidance.

7. What do I do if a member of my household is self isolating at home with possible COVID-19?

If you are living in a household with anyone who is displaying symptoms of COVID-19 (see Question 2) you must go into self isolation along with the rest of the household.

Testing for COVID-19 is now available for symptomatic household members of Trust staff by emailing: Covid19testing@gstt.nhs.uk. Testing must take place between day 1 and day 7 of the household member becoming symptomatic. Testing can also be accessed outside the Trust at a local community test centre by the following link: https://www.nhs.uk/ask-for-a-coronavirus-test.

The outcome of your household member’s swab test will determine when you can return to work (see section 5).

If your household is unable to access testing you must stay at home and not leave the house for 14 days. This also applies to all other household members. The 14-day period starts from the day when the first person in the house became ill.

If your household member is not tested and during these 14 days you start displaying any symptoms, you must remain in isolation and arrange testing by emailing: Covid19testing@gstt.nhs.uk.

Testing must take place in the first 7 days of you becoming symptomatic.

8. When can I return to work after of a period self isolation? (Updated 08.07.2020)

Testing for COVID-19 is now available for symptomatic staff and household members by emailing: Covid19testing@gstt.nhs.uk. Testing must take place between day 1 and day 7 of the household member becoming symptomatic. Testing can also be accessed outside the Trust at a local community test centre by the following link: https://www.nhs.uk/ask-for-a-coronavirus-test.

The outcome of the swab test will determine when you can return to work. Guidance for interpreting test results is available on GTi.

If you are unable to access testing you can return to work on day 11 after the onset of symptoms if you are feeling better and have been free from fever for 48 hours. If a cough and/or anosmia (loss of sense of smell) are the only persistent symptoms on day 11, you can still return to work (post-viral cough and anosmia are known to persist for several weeks in some cases).

This does not apply if you work with patients in the Cancer Centre, haematology/oncology undergoing chemotherapy/ immunotherapy, bone marrow transplant or solid organ transplant. Please contact OHAdministrator@gstt.nhs.uk for further advice.

If your symptomatic household member is unable to access testing you must stay at home and not leave the house for 14 days. This also applies to all your other household members. The 14-day period starts from the day when the first person in the house becomes ill. The staff member can return to work once the 14 day period of isolation is completed if they remain well.
**Test and Trace:** If you are isolating for 14 days because you have been contacted by NHS England Test and Trace or as a result of a contact tracing episode undertaken by OH you can return to work after 14 days as long as you remain well.

If you develop symptoms of COVID-19 during that period please access testing by emailing: Covid19testing@gstt.nhs.uk. Testing must take place between day 1 and day 7 of becoming symptomatic. Testing can also be accessed outside the Trust at a local community test centre via the following link: https://www.nhs.uk/ask-for-a-coronavirus-test.

In the event of a positive test continue to self isolate, contact OHAdministrator@gstt.nhs.uk and notify your manager.

9. I have been notified by the NHS test and trace service that I am a contact of a confirmed case in the community. What shall I do?

If the NHS test and trace service contacts you, the service will use text messages, email or phone. If NHS test and trace calls you by phone, the service will be using a single phone number: 0300 013 5000.

If you have been notified by the NHS England Test and Trace or other national (ie, Northern Ireland, Scotland or Wales) contact tracing service that you are a contact of a confirmed case of COVID-19 in the community (outside the health care setting) you should inform your line manager and self-isolate for 14 days, in line with the Test and Trace guidance.

For further advice please refer to the COVID-19 OH guidance.

Unfortunately there have been incidents of scams involving criminals exploiting the test and trace service. Further details can be found here:


10. I previously tested positive to COVID-19 and made a full recovery. However I’m now experiencing symptoms of COVID-19 again. Am I immune?

Currently it is unknown how long any immunity to COVID-19 might last. If you become unwell again you should self isolate and contact the testing team by emailing Covid19testing@gstt.nhs.uk requesting a test appointment. Testing can also be accessed outside the Trust at a local community test centre via the following link: https://www.nhs.uk/ask-for-a-coronavirus-test.

11. I have participated in a recent research study and have tested positive for COVID-19 however I don’t have any symptoms of the virus. Can I go into work?

If your swab result has been confirmed as positive for the COVID-19 virus but you have not experienced any symptoms you will need to self isolate for 10 days from the date the test was performed.

If you think you may recently have had symptoms of COVID-19, even if they are very mild, you must self-isolate for a period of 10 days from the onset of these symptoms. You can return to work on day 11 if you are feeling better and have been free from fever for 48 hours. If a cough is the only persistent symptom on day 11, you can still return to work (post-viral cough is known to persist for several weeks in some cases).
This does not apply if you work with patients in the Cancer Centre and haematology/oncology undergoing chemotherapy/immunotherapy or bone marrow transplant or solid organ transplant patients. Please contact OHAdministrator@gsst.nhs.uk for further advice.

12. **What is the COVID-19 antibody test and can I get it?**

The COVID-19 antibody test is a blood test which detects specific antibodies called SARS-CoV-2 IgG. A sample of blood is taken from a vein from your inner elbow as with other basic blood tests.

The COVID-19 antibody test detects specific antibodies called SARS-CoV-2 IgG. Antibodies are proteins produced by the body for protection against infections including viruses such as SARS-CoV-2 (the cause of COVID-19). Antibodies can be produced in response to the virus itself (i.e. when the virus enters your body) or in response to vaccination.

The antibody test for COVID-19 is extremely accurate and will determine whether or not you have previously been infected with COVID-19.

When antibodies are detected it almost certainly means you have been infected with the virus. However there is not currently enough evidence to confirm whether having antibodies against COVID-19 will protect you against the infection in the future.

In some other infections, the presence of antibody can provide a degree of protection. Therefore there is a possibility that people who have SARS-CoV-2 IgG antibodies may have some level of immunity, but it is not clear to what extent and for how long.

**It is therefore crucial that you strictly follow the Infection Prevention and Control (IPC) rules regarding hand hygiene and the correct use of appropriate PPE at work, and maintain social distancing wherever possible, regardless of your antibody results.**

The Trust have been offering COVID-19 antibody testing since early June and since then over 13,300 staff have been screened through dedicated clinics and more locally within Directorates.

As of 01 August 2020 this programme is almost completed and being wound down. Appointments for antibody testing will **only** be offered to those staff who are returning to work having spent time working from home or shielding.

For further information including how to get tested please see the [COVID-19 antibody testing for staff information pack](#).

13. **I am in the ‘vulnerable’ group because I have an underlying medical condition and I am a BAME staff member. Can I have an antibody test to ensure I am immune to COVID-19?**

There is an antibody test that is currently available which is accurate in determining whether you have evidence of previous exposure to COVID-19 in your blood. However, this test cannot determine or confirm your immunity to the virus. Please use the [risk assessment matrix and associated guidance](#) to reduce the exposure as much as practicable and comply with appropriate infection control practices, including the use of PPE and handwashing.
14. What is the advice if I live with elderly relatives, children with chronic health problems or someone who is pregnant and I am caring for suspected or confirmed COVID-19 cases?

There are currently no work restrictions required for healthcare workers who live with vulnerable or clinically extremely vulnerable (i.e. those who were previously advised to shield) adults or children or those who are pregnant.

It is very important that you are rigorous in adhering to recommended infection control practice both at home and at work and, where possible, take social distancing measures to help prevent the spread of COVID-19. Please see further information from Public Health England (PHE) on recommended infection control measures when living with people who are classified as vulnerable and clinically extremely vulnerable.

If you go on to develop any symptoms of COVID-19 you must follow strict self isolation measures within your household.

For further information please also see the current PHE advice around social distancing and guidance on protecting extremely vulnerable persons from COVID-19.

15. What should I do if I have been in close contact with a confirmed or suspected patient with COVID-19 without wearing the recommended PPE or if I have had a breach in my PPE whilst caring for the patient?

If you have come into close contact with a confirmed COVID-19 patient, or a symptomatic patient suspected of having COVID-19, while not wearing PPE or had a breach in your PPE, then you should inform your line manager immediately and contact OH Monday – Friday from 08:00 – 17:00 or the on call virologist outside of the hours and at weekends. OH will undertake a risk assessment and advise on whether you can continue at work or need to self isolate for 14 days.

The following factors will be taken into consideration when undertaking the risk assessment

- the severity of symptoms the patient has
- the length of exposure
- the proximity to the patient
- the activities that were undertaken (such as aerosol-generating procedures (AGPs), monitoring, personal care)
- whether an exposure to the eyes, nose or mouth took place

Examples that are unlikely to be considered breaches include, if a health care worker was not wearing gloves for a short period of time or their gloves tore, and they washed their hands immediately, or if their apron tore while caring for a patient, and this was replaced promptly.

16. I’ve been working alongside a colleague who has tested positive for COVID-19. What should I do?

If you have been identified as a close contact of a colleague who has tested positive for COVID-19 you will be contacted by the OH team who will assess your exposure risk and provide further advice on your need to self isolate.
17. I’m a pregnant healthcare worker (HCW). Can I care for patients with COVID-19?

Currently, there is no evidence to suggest that COVID-19 causes problems with the baby’s development or increases the risk of miscarriage. Emerging evidence now suggests that vertical transmission is, however probable although the proportion of pregnancies affected by vertical transmission is unknown and the cases in which this appears the babies were discharged from hospital and well.

**Pregnant women from 28 weeks’ gestation (in the third trimester of pregnancy), and pregnant women at any stage of pregnancy with significant congenital heart disease,** should be recommended to **work from home.** This should be discussed with the staff member’s line manager and may consider redeployment to facilitate home working.

For pregnant women **under 28 weeks’ gestation** (in the first and second trimester of pregnancy) with no underlying health conditions please see the latest guidance from the Royal College of Obstetricians and Gynaecologists. If the pregnant staff member is to continue working, a **risk assessment** must be undertaken to ensure unprotected exposure to the virus is minimised. It is important to ensure these HCWs are trained and competent in applying infection control practices, including necessary PPE, and that these can be implemented and adhered to at all times. This includes ensuring consistent availability of appropriate PPE.

18. I am a HCW with underlying health conditions can I still come to work?

Staff who fall into the following groups are considered to be **vulnerable** staff:

- aged 60 or older (regardless of medical conditions)
- male (regardless of medical conditions)
- under 60 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) or cerebral palsy
  - **diabetes**
  - a weakened immune system as the result of conditions or medicines such as **steroid tablets**
  - being seriously overweight (a BMI of 40 or above)

If you are a staff member who falls into any of these groups you are at increased risk of complications and are therefore, advised to be particularly rigorous in adhering to recommended infection control practice and, where possible, **social distancing measures.**

It is important that you inform your manager if you have an underlying health condition at this time. Your managers will need to undertake a **risk assessment** and consider making any necessary work adjustments such as working remotely. Where working from home is not practicable managers need to look at other potential options such as alternative travel arrangements, modifying duties to minimise exposure or redeployment.

If you are a member of clinical staff the risk assessment will also need to consider whether you are trained and competent in applying appropriate infection control practices, including the use of PPE, and
that these can be implemented and adhered to at all times. This includes ensuring consistent availability of appropriate PPE. If this is not possible, consideration will have to be given to work adjustments or redeployment.

Staff members falling into any of the **clinically extremely vulnerable groups** as listed below, are those who may be at particular risk due to complex health problems such as:

- Solid organ transplant
- **Staff with specific cancers:**
  - Staff with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
  - Staff with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - Staff having immunotherapy or continuing antibody treatments for cancer
  - Staff having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - Staff who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- **Staff with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD**
- **Staff with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell)**
- **Staff on immunosuppression therapies sufficient to significantly increase risk of infection**
- **Staff who are pregnant with significant heart disease, congenital or acquired**
- **Other staff who have been classified as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs by their GP or hospital clinician**

If you are a staff member who falls into this category, the NHS, your GP or specialist will have previously contacted you directly and provided you with advice on more stringent shielding measures that should be taken in order to keep yourself safe. On 23rd June the government has updated its guidance for people who are clinically extremely vulnerable taking into account that COVID-19 infection rates have continued to decline across all English regions. The Government advice to those who are considered clinically extremely vulnerable (previously shielding) will be relaxed in two stages on 6th July and 1st August.

Full details of the Government advice for clinically extremely vulnerable people can be found here: [https://www.gov.uk/government/publications](https://www.gov.uk/government/publications)

**From 1 August**, provided there are no significant increases in incidents, the advice to shield will be paused and advised restrictions on returning to work will be further relaxed. Specifically:

- Shielding staff can return to work, if they cannot work from home, as long as their place of work is **COVID-secure**.

We are awaiting further clarification regarding the definition of COVID-safe and will update the guidance and other relevant paperwork accordingly.

Shielding staff should remain cautious as they are still at risk of severe illness if they contract COVID-19, so the advice is to stay at home where possible.
All staff members who have been shielding are encouraged to review the COVID-19 risk assessment matrix and the linked guidance and inform their line manager to arrange a risk assessment with them prior to returning to work at the Trust.

Some highly recommended support and guidance for managers and staff members around clinically extremely vulnerable staff returning to work in the NHS has been published by NHS People. This can be found here:

https://people.nhs.uk/guides/shielding-and-returning-to-work

19. A member of staff that I manage has told me that they have a medical condition and have requested a risk assessment for COVID-19. I did not have any prior knowledge of this medical condition and he has never asked for any adjustments before. Can I ask what the medical condition is?

The staff member does not need to disclose their diagnosis and only needs to inform you that they have an underlying medical condition which is classed as a vulnerability in respect to COVID-19. You must not ask any question about the nature of the condition e.g. the diagnosis, symptoms, investigations or treatment that may lead to a disclosure of their medical condition. A declaration that your staff member has a medical condition that categorises them as vulnerable is adequate to warrant the risk assessment if they wish to have the assessment. If there is a reason to identify the nature of the underlying condition, you can refer the staff member to OH. If any staff member wishes to disclose what their condition is, you must keep it in absolute confidence and there is no need to record it on the risk assessment matrix.

20. I’m Afro-Caribbean and I’m concerned that I’m at higher risk of becoming seriously unwell if I get infected with COVID-19. Should I be working with patients who have the virus?

As you are aware there is emerging evidence that BAME communities are being disproportionally affected by COVID-19. The cause of this is currently being investigated. However, in the meantime the Trust wants to ensure that your personal risk is reduced to the lowest possible level. The risk assessment matrix has already been in use for staff who are pregnant or have a vulnerability due to an underlying medical condition and is now being extended to risk assess and identify mitigating measures for BAME staff members and men.

As a staff member that is in the BAME group you are encouraged to review the risk assessment and the linked guidance and if you feel you are at risk you should discuss with your line manager. Your line manager or delegated deputy will then undertake a risk assessment with you to agree necessary actions.

21. I am a BAME staff member and have undertaken a risk assessment with my manager. Following this my manager has now recommended that I change my role to reduce my risk of exposure. Do I have to change my role or do I have a choice?

The reason for undertaking a risk assessment is to identify both risk to yourself and how these risks can be mitigated. If practicable, a common recommendation after completing a risk assessment is to enable a change in role so that a risk, such as exposure to infection, can be reduced or avoided entirely. However, if, having undertaken the risk assessment with your manager you feel that you have
all the information required to enable you to fully understand the risk to yourself and make an informed decision around changing roles, then ultimately it is for you to decide.

Should you choose to remain in your current role the risk assessment, risk management options and your informed decision must be clearly documented. All options to reduce risk as much as possible, whilst working in your existing role must be ensured. It is important to ensure that you are trained and competent in applying infection control practices, including necessary PPE, and that these can be implemented and adhered to at all times. This includes ensuring consistent availability of appropriate PPE.

22. I’m currently self isolating at home. Can I be tested for COVID-19?

Testing is available for both symptomatic staff and symptomatic household members by emailing: Covid19testing@gstt.nhs.uk. Testing can also be accessed outside the Trust at a local community test centre via the following link: https://www.nhs.uk/ask-for-a-coronavirus-test.

Guidance for interpreting test results is available on GTi.

23. My wife is going for an elective surgical procedure and she has been informed that she needs to isolate for 14 days along with the rest of the household. What should I do?

If you are having to self isolate for 14 days because someone you live with has to have elective surgery you will need to inform your manager so that home working can be facilitated where possible. If you or anyone in your household develops symptoms whilst you are self isolating please refer to the COVID-19 OH guidance and your wife should contact surgical team to get further advice regarding her pending elective surgical procedure.

24. I’m working in a non-patient facing department at the Trust. Is it safe for me to come to work?

All departments in the Trust are currently looking at how they can deliver services to enable staff to work remotely from home, especially those staff who are considered to be more vulnerable (see Question 16). Where this is not possible, there are a number of basic infection control measures that can be undertaken to minimise risk and ensure a safer environment for everyone. These include:

- Hand Washing: wash hands correctly (for a minimum of 20 seconds with soap and water) on arrival at the office, before eating and regularly over the course of the day
- Try not to touch your eyes, nose or mouth
- Always cough and sneeze into a tissue. Then throw the tissue away and wash your hands
- Cleaning surfaces: regularly wipe down common surfaces with disinfectant wipes
- Social distancing measures: reorganise the seating arrangements in the office and any communal areas so that there can be at least 2m distance between you and your colleagues. Some areas may be able to use desk space in less busy areas.

The Trust has undertaken building and local environmental risk assessments to ensure all locations including non-patient facing offices are safe places to work.

Should you or one of your colleagues develop any symptoms of COVID-19 (see Question 2) please follow the advice detailed in Question 5.
25. **I’m returning to the UK from abroad. Will I need to self isolate before I return to work?**

The Trust closely observes the latest published guidance provided by Public Health England (PHE) and the Foreign and Commonwealth Office (FCO).

**On 8 June 2020** new rules were put in place when entering the UK. These included both the provision of your journey and contact details and a 14 day period of self isolation on returning to the UK, except in very limited situations.

**On 4 July** further updated guidance for British people travelling overseas was published detailing exemptions to these rules when travelling to certain countries and territories that no longer pose a high risk for British travellers.

The Government continues to **advise against non-essential international travel**, except to those countries and territories listed however the list of exempted destinations is subject to change at short notice. View the [list of exempted destinations](#).

Overseas travel to a non-exempt should not be booked before an employee has agreed the duration of the leave required with their employer to ensure that they can comply with the quarantine measures on their return to the UK.

Until now it has not been appropriate for the manager to ask where the employee’s leave will be taken. As a result of the new quarantine requirements, staff members who now submit a request for leave that involves travelling abroad, should be reminded of the government’s advice to avoid all non-essential travel to countries not on the exempt list, the risk of change to travel advice to exempt destinations at short notice and the requirement to self-isolate for 14 days on their return, should they be traveling to a destination that is not on the list of exempted destinations.

For further advice please see the [Workforce manager’s briefing and FAQ](#).

26. **Will I be paid if I have to self-isolate?**

For detailed advice on pay arrangements please see the latest [Workforce guidance](#) from HR on GTi.