COVID-19: advice for staff (last updated 02/07/2020)

Occupational Health (OH) advice based on current published advice from Public Health England (PHE):

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This is an evolving situation and the advice changes based on the latest published guidance from PHE, Faculty of Occupational Medicine (FOM) and the Royal College of Obstetricians and Gynaecologists (RCOG).

Section 1: Staff who are feeling unwell – self isolation requirements

Staff who are feeling unwell – self isolation requirements:

Symptoms of COVID-19 include:
- A new continuous cough (with or without sputum)
- fever (>37.8°C)
- nasal discharge and congestion
- difficulty breathing – wheezing, shortness of breath
- hoarseness
- sore throat
- sneezing
- flu like symptoms e.g. malaise, body ache
- loss of taste and smell
- diarrhoea

If a staff member develops any of these symptoms whilst at work they must:
- Self isolate away from patients and colleagues
- Inform their 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 the staff member should arrange testing as soon as possible. Testing must take place between day 1 and day 7 of becoming symptomatic

- Return home wearing a surgical mask and adhering to strict social distancing measures
- **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**
- The outcome of the swab test will determine when the staff member can return to work (see section 5).
- If symptoms persist or worsen after 2 weeks the staff member must seek further advice by contacting NHS111.

If a staff member develops any of these symptoms whilst at home they must:

- Self-isolate at home
- Inform their line manager
- Contact the testing team by emailing Covid19testing@gstt.nhs.uk requesting a test appointment. Testing must take place between day 1 and day 7 of becoming symptomatic
- **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 2 weeks the staff member must seek further advice by contacting NHS111.

**Self-isolation at home:** This means staying at home and not going to work, school or public areas. The staff member should:

- Avoid using public transport or taxis during the 7 day isolation period
- Avoid having visitors to their 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 their behalf.

For further information see PHE COVID-19 stay at home guidance.

**Section 2: Stay at home guidance for staff members who are living in a household with an individual who has possible coronavirus (COVID-19) infection (who is self-isolating)**

If a staff member is living in a household with anyone who is displaying symptoms of COVID-19 (see section 1) the staff member 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. This is arranged by emailing: Covid19testing@gstt.nhs.uk. Testing must take place between day 1 and day 7 of the household member becoming symptomatic.

The outcome of the household member’s swab test will determine when the staff member can return to work (see section 5).
Section 3: Guidance for vulnerable and clinically extremely vulnerable staff at increased risk of severe illness from coronavirus (COVID-19)

Guidance for vulnerable staff at increased risk of severe illness from coronavirus (COVID-19)

Vulnerable staff with underlying health conditions as listed below are at increased risk of complications and are advised to be particularly rigorous in adhering to recommended infection control practice and social distancing measures. All staff members who are classified as vulnerable 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.

Vulnerable staff include those in the following groups:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
  - chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS) 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)

Staff members with any of the above medical conditions only need to inform their manager that they have a vulnerability. They do not need to disclose their diagnosis. Managers must not ask any question about the nature of the medical condition e.g. the diagnosis, symptoms, investigations, treatment that may lead to a disclosure. A declaration by the staff member that they have a medical condition which categorises them as vulnerable is adequate to warrant the risk assessment if the staff member requests it. If there is a reason to identify the nature of the underlying condition, the manager can make a referral to OH. If the staff member wishes to disclose what their condition is, the manager must keep it in absolute confidence and there is no need to record it on the risk assessment matrix.

Managers should ensure that staff, especially those who do not have regular access to email, are made aware of the risk assessment matrix and make sure they arrange for the risk assessment to be undertaken when requested by the staff member.

Any staff members included in this category who choose to continue working in a moderate / high risk area must have this documented in their risk assessment.

Guidance for staff identified as clinically extremely vulnerable with increased risk of severe illness from coronavirus (COVID-19)
There are some clinical conditions which make people extremely vulnerable from severe illness from COVID-19. Staff falling into the **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.

On 23rd June the government has updated its guidance for people considered clinically extremely vulnerable who have been advised to shield, taking into account that COVID-19 infection rates have now decreased significantly since shielding was first introduced.

The Government advice to those who are considered clinically extremely vulnerable will be relaxed in two stages:

**From 6 July**, the clinically extremely vulnerable may, if they wish:

- Meet in a group of up to 6 people outdoors, including people from different households, while maintaining strict social distancing

- No longer observe social distancing with other members of their household

- Form a ‘support bubble’ with one other household.

**From 1 August**, provided there are no significant increases in infection rates, the guidance 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-safe.

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.

Full details of the Government advice on shielding can be found here:

https://www.gov.uk/government/publications

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.

Section 4: Guidance for Black, Asian and Minority ethnic (BAME) staff at increased risk of severe illness from coronavirus (COVID-19)

There is emerging evidence that people from a Black, Asian and Minority ethnic (BAME) backgrounds are at higher risk of mortality from coronavirus (COVID-19) and are advised to be particularly rigorous in adhering to recommended infection control practice and, where possible social distancing measures. This may include avoiding non-essential use of public transport, varying travel times to avoid rush hour, and/or working from home, where possible.

Currently the reason for the disproportionate outcome is being investigated.

To ensure the risk to staff members from a BAME background is properly assessed and managed, the risk assessment matrix, previously used for vulnerable and pregnant staff, has been updated to include this staff group.

BAME staff should be encouraged to review the risk assessment and the linked guidance. Following this, if the staff member requests a risk assessment this should be facilitated by their line manager or designated deputy.

Managers should ensure that staff, especially those who do not have regular access to email, are made aware of this recent change to the risk assessment matrix and make sure they arrange for the risk assessment to be undertaken when requested by the staff member.

The same steps to reduce the risk of unprotected exposure to COVID-19 must be undertaken and documented in the risk assessment as detailed in Section 3. For staff with clinical contact the risk assessment should include ensuring that the 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. If this is not possible, consideration will have to be given to work adjustments or redeployment.

For those staff members who have already identified a vulnerability such as a medical condition or pregnancy < 28 weeks, the risk assessment previously undertaken by their line manager (or designated deputy) should be repeated. Further adjustments to reduce the exposure risk may need to be considered. These may include non-COVID areas, non-patient facing areas, or working from home.
If this is not practicable to implement a referral to occupational health can be made by forwarding the completed risk assessment matrix and confirming the staff member’s consent to be referred to OHAdministrator@gstt.nhs.uk including any relevant query and contact details for the manager and the staff member. The subject heading should be “COVID19 Risk Assessment”.

Any staff member included in this category who chooses to continue working in a moderate / high risk area must have this documented in their updated risk assessment.

Section 5: Staff who are pregnant

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 appeared the babies were discharged from hospital and well.

For 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, it is recommended to work from home. This should be discussed with the staff member’s line manager and may require consideration of 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.

Section 6: Ending self isolation and return to work

Ending self isolation and return to work

Testing for current infection with 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.

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

Guidance for interpreting test results is available on GTi.

Currently it is unknown how long any immunity to COVID-19 might last. If staff members become unwell again they should self-isolate and may need to be tested again.
Symptomatic staff member:
If the symptomatic staff member was unable to access testing they can return to work on **day 8** after the onset of symptoms, if they 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 8, the staff member can still return to work (post-viral cough and anosmia are known to persist for several weeks in some cases).

**Note:** This does not apply to staff members working with patients in the Cancer Centre and haematology/oncology who are undergoing chemotherapy, immunotherapy, bone marrow transplant or patients having a solid organ transplant. These staff must be tested prior to returning to work. For further advice contact OHAdministrator@gstt.nhs.uk.

Symptomatic household member:
If the staff’s symptomatic household member was unable to access testing the staff member 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 household became symptomatic. The staff member can return to work once the 14 day period of isolation is completed if they remain well. If the staff member develops any symptoms during the 14 day period, see advice in Section 1 re testing.

**Test and Trace:** If a staff member is isolating for 14 days because they have been contacted by NHS England Test and Trace or as a result of a contact tracing episode undertaken by OH the staff member can return to work after 14 days as long as they remain well. If the staff member develop symptoms of COVID-19 during that period testing can be accessed by emailing: Covid19testing@gstt.nhs.uk. Testing must take place between day 1 and day 7 of becoming symptomatic.

If a staff member tests positive they can return to work on **day 8** after the onset of symptoms, if they 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 8, the staff member can still return to work (post-viral cough and anosmia are known to persist for several weeks in some cases).

If they test negative they need to complete the 14 day period of self isolation before returning to work.

**Section 7: Health care workers (HCWs) who are exposed to confirmed cases of COVID-19 at work without wearing recommended Personal Protective Equipment (PPE)**

In the event that a health care worker comes into close contact with a confirmed COVID-19 patient, or a symptomatic patient suspected of having COVID-19, while not wearing PPE, or having had a breach in PPE, then their line manager should be immediately informed and OH should be contacted (Monday – Friday from 08:00 – 17:00) or the on-call virologist outside of these hours and at weekends. OH will undertake a risk assessment and advise on whether the staff member can continue at work or will 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 length of exposure
• the proximity to the patient,
• the activities that were undertaken (such as aerosol-generating procedures (AGPs), monitoring, personal care) and
• 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.

Section 8: COVID-19 and staff wellbeing

Further advice on staff support is available on GTi.

Staff who are symptomatic must not attend the OH Department.

Occupational Health can be contacted via email OHAdministrator@gstt.nhs.uk or by telephone Ext: 020 7188 7188 ext 53688 or 020 7188 4152 (84152) Option 1, Mon – Fri, 09:00-17:00.

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