COVID-19 return to work guide

For health professionals advising patients and employers

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Supporting occupational health and wellbeing professionals

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TABLE OF CONTENTS

1.   PURPOSE AND SCOPE OF THIS GUIDANCE

A key role for all clinicians advising about return to work is to acquire some understanding of the task requirements of their patient's work and to advise about the patient's functional capability both in the short term and in the context of their prognosis.

In the current COVID-19 pandemic, clinicians in many settings may be asked to provide guidance on return to work for individuals. This will be particularly important during the phased relaxation of the current lockdown measures. Many of the millions of workers returning to work will have underlying health conditions and they, and possibly their employers, will be seeking advice from their General Practitioners, hospital specialists, nurse practitioners, allied health professionals and others, as well as occupational health (OH) specialists.

In doing so, these clinicians will need to take into account the COVID-19 infection risk arising from underlying health conditions (i.e. medical/clinical vulnerability) as well as the individual's workplace, work activities and work environment.
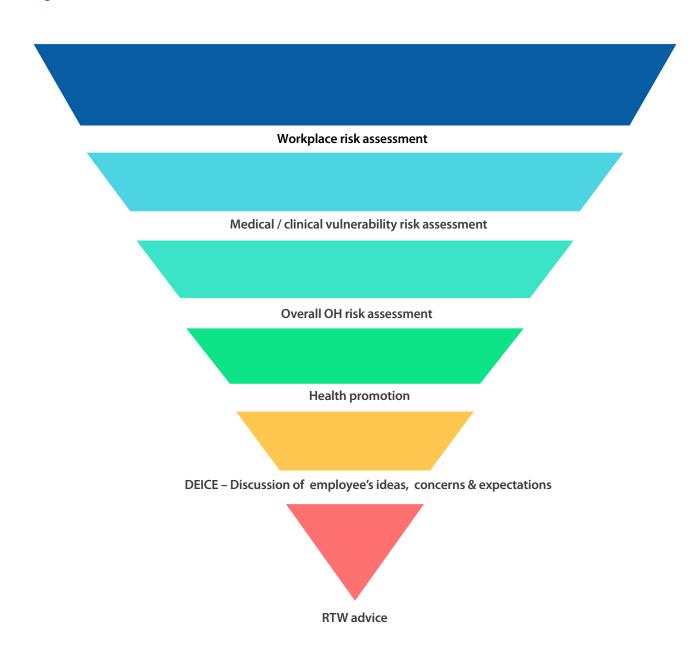
This document describes a stepwise approach to assist clinicians in providing such guidance. A brief summary guide and resource list are provided in Section 2. Section 3 is an expanded version which provides more detailed guidance in navigating each step of the process and working through the risk assessment and risk judgement processes. Specific tools and illustrative examples are provided for this purpose.

Medical/clinical vulnerability risk will require clinical assessment of the medical history and risk factors. Workplace infection transmission risk assessment remains the duty of the employer and guidance to assist with this is provided. The employer has significant responsibilities for ensuring an adequate risk assessment is carried out and that all reasonable control measures are implemented and maintained. Many workers may also be able to access advice from their employer's occupational health (OH) service.

Discussion of risks and recommendations with individual employees is important for a successful return to work.

2. HEALTH PROFESSIONALS COVID-19 'BRIEF SUMMARY GUIDE' ON ADVISING ON RETURN TO WORK IN INDIVIDUALS WITH HEALTH CONDITIONS / VULNERABLE GROUP EMPLOYEES

Figure 1. COVID-19 return to work (RTW) advice considerations
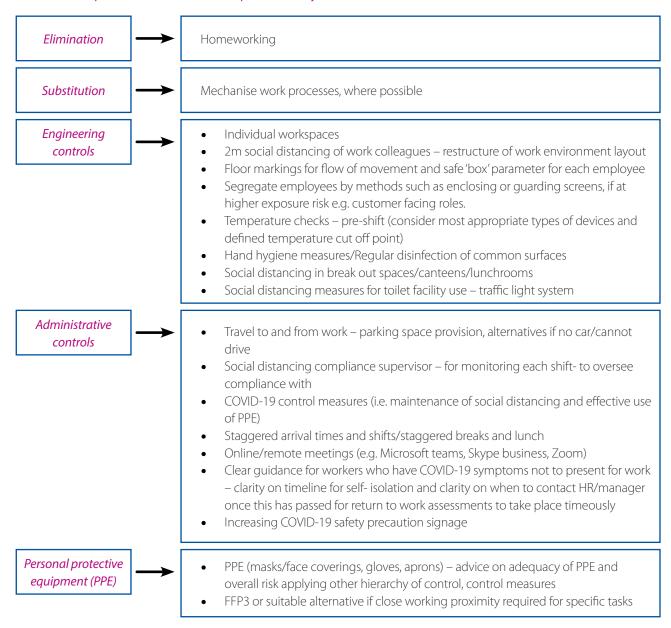
Workplace risk assessment

Medical / clinical vulnerability risk assessment

Overall OH risk assessment

Health promotion

DEICE – Discussion of employee's ideas, concerns & expectations

RTW advice

a.   Workplace risk assessment overview*

General considerations in COVID-19 exposure and transmission risk:

i.   Nature of work/workplace e.g. patient care/ community care and support services/retail/public facing/customer service/office-based/production/ processing/hospitality/agriculture

ii.   Work organisation:

- Ability to maintain social distancing at work >2m (confined space/required proximity to work colleagues)

- Number of different people sharing the workplace

iii.   Travel to and from work – public transport use

iv.   Workplace entry and exit

v.   Availability, need for and use of personal protective equipment (PPE)

vi.   Ability to maintain hand hygiene/availability of handwashing facilities

vii.   Workplace environment cleanliness control

viii.   Arrangements for toilet facilities and canteen use, set up of break out/lunch areas

ix.   Ability to avoid symptomatic people (particular consideration in health and community/social care settings)

COVID-19 workplace control measure examples (Hierarchy of controls)

Elimination	→	Homeworking
Substitution	→	Mechanise work processes, where possible
Engineering controls	→	• Individual workspaces • 2m social distancing of work colleagues – restructure of work environment layout • Floor markings for flow of movement and safe 'box' parameter for each employee • Segregate employees by methods such as enclosing or guarding screens, if at higher exposure risk e.g. customer facing roles. • Temperature checks – pre-shift (consider most appropriate types of devices and defined temperature cut off point) • Hand hygiene measures/Regular disinfection of common surfaces • Social distancing in break out spaces/canteens/lunchrooms • Social distancing measures for toilet facility use – traffic light system
Administrative controls	→	• Travel to and from work – parking space provision, alternatives if no car/cannot drive • Social distancing compliance supervisor – for monitoring each shift- to oversee compliance with • COVID-19 control measures (i.e. maintenance of social distancing and effective use of PPE) • Staggered arrival times and shifts/staggered breaks and lunch • Online/remote meetings (e.g. Microsoft teams, Skype business, Zoom) • Clear guidance for workers who have COVID-19 symptoms not to present for work – clarity on timeline for self- isolation and clarity on when to contact HR/manager once this has passed for return to work assessments to take place timeously • Increasing COVID-19 safety precaution signage
Personal protective equipment (PPE)	→	• PPE (masks/face coverings, gloves, aprons) – advice on adequacy of PPE and overall risk applying other hierarchy of control, control measures • FFP3 or suitable alternative if close working proximity required for specific tasks

*See 'Detailed Guidance' section below for specific COVID-19 workplace risk assessment stratification and risk judgement tools (Figure 4)

b. Medical/clinical vulnerability risk assessment overview

Many patients with underlying health conditions will need individualised guidance on their vulnerability risk of severe COVID-19 infection. The UK Government has produced guidance on 'shielding' and 'increased vulnerability' groups. These have been determined through data linkage. Many patients in the 'increased vulnerability' group will be able to present to workplaces, depending on the overall residual workplace risk.

Clinicians can consider the following points when providing guidance to patients or employers:

- **Assessment of underlying medical conditions (current and past)** Number of medical conditions with detailed history of each condition - date of onset, course, current or recent activity/flare ups, treatment (past, current or recent). Past history of admission to hospital (when? If not in last 12 months, how bad was it as this may have a bearing on overall judgement) or any ITU admission ever?

- **Medications** - specific names and doses - particularly relevant in asthma/COPD severity assessment. Frequency of oral steroid courses, particularly within past 12 months. Conditions requiring immunosuppressant drugs.

- **Evaluation of co-morbidities** and their potential interaction in further increasing risk. Specific co-morbidities that further increase risk - age over 60 years, smoking/vaping, pregnancy (and specifically gestation period in light of 28-week threshold for risk management), BMI ≥ 40, black and minority ethnic (BAME) groups (increased risk group from current data, although exact aetiology/risk associations unclear).

- **Have they received a 'shielding' letter** from the Health Board/GP identifying them as severely increased risk?

- **Medical/Clinically vulnerable risk identification** - Refer to government/Public Health England (PHE) guidance on social distancing [1] for their list of specific 'increased' risk/'clinically vulnerable' health groups (i.e. to be particularly stringent with social distancing) and shielding groups [2] i.e. clinically extremely vulnerable (i.e. stay at home at all times, avoid any face to face contact).

- **Sources of advice** For interpretation of this guidance in practice and identification/evaluation of other potentially increased or high-risk groups not directly referred to in government guidance useful resources include: the ALAMA website (COVID-19) [3], Scottish Government guidance [4] and speciality specific guidance e.g. Association of British Neurologists [5] and Royal College of Obstetricians and Gynaecologists [6]. Another useful resource is the NHS Digital website [7] to understand how 'shielding' groups were applied/defined by PHE/government. General fitness for work resources are also available [8]. See **Sources of advice** list at the end of this brief guide. **Government and clinical guidance are frequently updated so be vigilant for this.**

c. Overall occupational health (OH) risk assessment collating both the assessments above

For further advice see 'Detailed Guidance' section for workplace risk factor evaluation (Figure 4) and Figure 6 in formulating overall OH risk assessment and return to work advice.

d. Health Promotion

Discussion with employee on health promotion activities tailored to their individual case. Potential interventions may include:

- Diet and physical activity - signpost to appropriate online apps and resources

- Consideration of multivitamin and Vitamin D supplements (particularly if BAME)

- BMI - signposting to online weight management programmes

- Smoking - signpost to online smoking cessation programmes/websites

- Alcohol - signpost to online alcohol support services

- Mental Health First Aid/Emotional resilience and signpost to support e.g. www.llttf.com/corona Employee counselling services may also be available in some organisations

e. DEICE with employee - Discussion of employee's ideas, concerns and their expectations (DEICE)

Discussion with employee regarding their psychological wellbeing during this pandemic, their views on a return to work, any concerns practically (for example travel to work, childcare or care commitments) or specific to the workplace. Explore their ideas on practical strategies or workplace measures that could address these concerns and their expectations on the likely adequacy of COVID-19 work-related control measures and workplace safety.

f.   Return to work (RTW) advice

1.   Extremely high clinical risk/Shielder

Based on government guidelines (clear cut from government guidelines on specified 'shielding' groups and those in receipt of shielding letters). These are 'clinically extremely vulnerable' and government advice is to 'stay at home at all times and avoid any face to face contact'

⇨ **Homeworking REQUIRED**
Potentially suitable work environments/activities:
Low risk only (Homeworking)

2.   Very high clinical risk

Identified from clinician assessment (combined effect due to multiple comorbidities i.e. multiple 'increased risk' factors or based on advice from specific OH guidance or clinical specialty groups)

⇨ **As for shielders - homeworking LIKELY TO BE REQUIRED**
Potentially suitable work environments/activities:
Low risk only (Homeworking)

OH assessment to be considered, if case more complex

3.   Increased clinical risk

Based on government guidelines (refer to government guidelines on specified 'increased'/'clinically vulnerable' risk groups). Government advice is to be 'particularly stringent with social distancing'

⇨ **Homeworking if possible**, but **if not, can attend workplace provided appropriate workplace hygiene measures and social distancing (2m rule) are operationally feasible/can be reliably implemented (specific** recommendations from menu list above bearing in mind hierarchy of controls) *Exceptions can apply for critical and essential services e.g. direct patient care and community care where social distancing is not possible, but COVID-19 transmission can be reduced by high-level PPE and diligent hand and workplace hygiene **Avoidance of public transport use recommended, if possible**
Potentially suitable work environments/activities:
Low (Homeworking), Standard or Medium workplace transmission risk environments/tasks - subject to individual risk assessment. See Figure 4

OH assessment to be considered, if case more complex

4.   Likely increased clinical risk

Identified from clinician assessment (combined effect due to multiple comorbidities or based on advice from specific OH guidance or clinical specialty groups). Advisable that they should be 'particularly stringent with social distancing'

⇨ **Homeworking if possible,** but **if not, can attend workplace provided appropriate workplace hygiene measures and social distancing** (2m rule) are **operationally feasible/can be reliably implemented (specific** recommendations from menu list above bearing in mind hierarchy of controls). *Exceptions can apply for critical and essential services e.g. direct patient care and community care where social distancing is not possible, but COVID-19 transmission can be reduced by high-level PPE and diligent hand and workplace hygiene **Avoidance of public transport use recommended, if possible**
Potentially suitable work environments/activities:
Low (Homeworking), Standard or Medium workplace transmission risk environments/tasks - subject to individual risk assessment. See Figure 4

OH assessment to be considered, if case more complex

5.   Standard clinical risk

Individuals with no health conditions or risk factors that would place them in any of the increased or higher risk groups above. Should still be practising hygiene and social distancing precautions

⇨ **Homeworking if possible,** but if not, **can attend workplace provided appropriate workplace hygiene measures and social distancing (2m rule) are operationally feasible/can be reliably implemented (specific** recommendations from menu list above bearing in mind hierarchy of controls). ***Exceptions can apply for critical and essential services where social distancing is not possible** e.g. **direct patient care and community care** but **also other specific work sectors [9]** where the particular activity is considered necessary for the business to continue to operate. **If so**, all mitigating actions possible to reduce workplace transmission risk should be taken and **social distancing** guidelines should continue to be adhered to, **'wherever possible'. Can use public transport, if cannot be avoided (with appropriate face covering)** Potentially suitable work environments/activities: **Low (Homeworking), Standard, Medium and possibly High risk (e.g. with higher level PPE) workplace transmission risk environments/tasks - subject to individual risk assessment. See Figure 4**

! **The advice above is on the proviso that employers ensure control measures are reliably implemented and maintained and employees also have a duty to comply with these control measures**

SOURCES OF ADVICE

1. UK Government. Stay alert and safe (social distancing). Published 11 May 2020. www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

2. UK Government. Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19. Updated 5 May 2020. www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

3. ALAMA website (COVID-19). alama.org.uk/covid-19-medical-risk-management/

4. Scottish Government Guidance. 3 April 2020. www.gov.scot/publications/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/

5. Association of British Neurologists Guidance on COVID-19 for people with neurological conditions, their doctors and carers. cdn.ymaws.com/www.theabn.org/resource/collection/C5F38B64-DC8F-4C67-B6FC-F22B2CDB0EE5/ABN_Neurology_COVID-19_Guidance_v6_9.4.20_FP.pdf

6. Royal College of Obstetricians and Gynaecologists. www.rcog.org.uk/coronavirus-pregnancy

7. NHS Digital website. digital.nhs.uk/coronavirus/shielded-patient-list#methodology

8. John Hobson and Julia Smedley. Fitness for Work: The Medical Aspects. 6th Edition. Feb 2019. Faculty of Occupational Medicine.

9. Social distancing in the workplace during coronavirus (COVID-19): sector guidance. www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19#social-distancing-in-the-workplace---principles Updated 15 May 2020.

Links correct at date of publication, 18 May 2020

3.   HEALTH PROFESSIONALS COVID-19 'DETAILED GUIDE' ON ADVISING ON RETURN TO WORK IN INDIVIDUALS WITH HEALTH CONDITIONS / VULNERABLE GROUP EMPLOYEES

a.   Introduction

A key role for all clinicians advising about return to work is to acquire some understanding of the **task requirements** of their patient's work and to assess and advise about the patient's **functional capability** both in the short term and in the context of their prognosis.
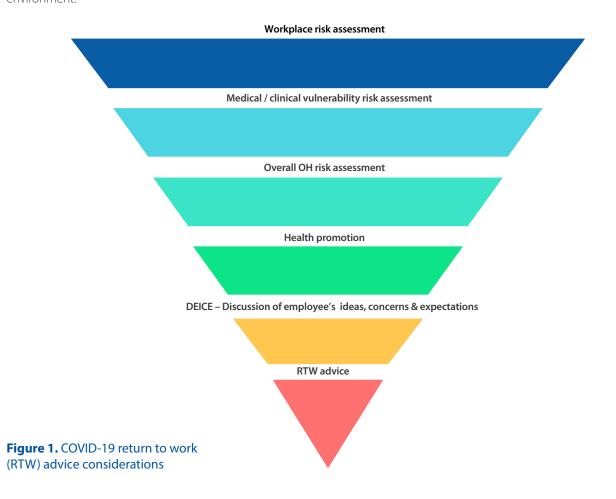
In the current COVID-19 pandemic, clinicians in many settings may be asked to provide guidance on return to work for individuals. This will be particularly important during the phased relaxation of the current lockdown measures. Many of the millions of workers returning to work will have underlying health conditions and they, and possibly their employers, will be seeking advice from their General Practitioners, hospital specialists, nurse practitioners, allied health professionals and others, as well as occupational health (OH) specialists.

In doing so, these clinicians will need to take into account the COVID-19 infection risk arising from underlying health conditions (i.e medical/clinical vulnerability) as well as the individual's workplace, work activities and work environment.

Figure 1 illustrates the key areas for consideration in providing such guidance. A brief summary guide and resource list are provided in Section 2. This section provides more detailed guidance in navigating each step of the process and working through the risk assessment and risk judgement processes. Specific tools and illustrative examples are provided for this purpose.

Medical vulnerability risk will require clinical assessment of the clinical history and risk factors. Workplace infection transmission risk assessment remains the duty of the employer and guidance and references to assist with this are provided. The employer has significant responsibilities for ensuring an adequate risk assessment is carried out and that all reasonable control measures are implemented and maintained. Many workers may also be able to access advice from their employer's occupational health (OH) service.

Discussion of risks and recommendations with individual employees is important for a successful return to work.

Workplace risk assessment

Medical / clinical vulnerability risk assessment

Overall OH risk assessment

Health promotion

DEICE – Discussion of employee's ideas, concerns & expectations

RTW advice

Figure 1. COVID-19 return to work (RTW) advice considerations

b. Workplace transmission risk assessment and control

All employers will require to undertake a risk assessment of their workplace and work activities and to implement control measures to reduce COVID-19 related risks for transmission of infection, in accordance with the 5 steps approach adopted by the Health & Safety Executive (HSE) for all risk assessments.

The lowest risk position is likely to be working from home however, there are many occupations whereby this is not reasonably practicable.

COVID-19 transmission arises mainly from:

- Contact with contaminated surfaces

- Droplet spread - e.g. coughs and sneezes

Aerosol spread can occur mainly in healthcare settings and aerosol generating procedures (AGPs) would be regarded as high risk.

Identify risks of COVID-19 transmission

Figure 2 outlines some main considerations for employers. An awareness of these work-based COVID-19 transmission risk factors will also assist clinicians in discussing return to work risks with their patients. This list is not exhaustive and there may be other risk factors specific for particular workplaces.
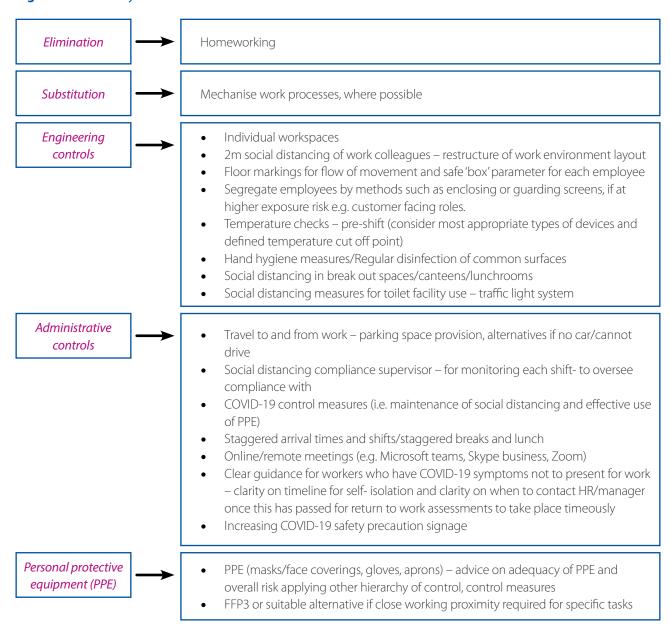
Figure 2. General considerations for assessing COVID-19 workplace exposure and transmission risk		
Work tasks • Patient/Service user • Public facing • Close contact necessary?	**Work location** • Clinical setting • Customer/Client homes • Retail/Hospitality • Office/Contact centre • Factory	**Work organisation** • Ability to maintain social distancing at work >2m • Number of different people sharing a workplace
Workplace travel • To and from work • In the course of work • Public transport • Private vehicle	**Work movement** • Entering and leaving work • Changing areas • Toilets • Lunch/Breakout areas	**Personal protective equipment (PPE)** • Availability • Need • How it is used
Workplace hygiene • Increased cleaning schedule • High touch surfaces	**Personal hygiene** • Ability to wash hands • Sanitiser • Catch it, Kill it, Bin it	**Avoidance of symptomatic people** • Particular concern for health/social care providers

COVID-19 workplace infection control measure examples (Hierarchy of controls)

Once risk factors for the transmission of COVID-19 infection in the workplace have been identified, implementation of control measures should be considered to reduce this risk. Not all controls will be applicable or practicable in all workplaces.

Figure 3 uses the Hierarchy of control approach to provide examples of control measures that can be considered.

Figure 3. A Hierarchy of control model for COVID-19 transmission risk

Elimination →	Homeworking
Substitution →	Mechanise work processes, where possible
Engineering controls →	• Individual workspaces • 2m social distancing of work colleagues – restructure of work environment layout • Floor markings for flow of movement and safe 'box' parameter for each employee • Segregate employees by methods such as enclosing or guarding screens, if at higher exposure risk e.g. customer facing roles. • Temperature checks – pre-shift (consider most appropriate types of devices and defined temperature cut off point) • Hand hygiene measures/Regular disinfection of common surfaces • Social distancing in break out spaces/canteens/lunchrooms • Social distancing measures for toilet facility use – traffic light system
Administrative controls →	• Travel to and from work – parking space provision, alternatives if no car/cannot drive • Social distancing compliance supervisor – for monitoring each shift- to oversee compliance with • COVID-19 control measures (i.e. maintenance of social distancing and effective use of PPE) • Staggered arrival times and shifts/staggered breaks and lunch • Online/remote meetings (e.g. Microsoft teams, Skype business, Zoom) • Clear guidance for workers who have COVID-19 symptoms not to present for work – clarity on timeline for self- isolation and clarity on when to contact HR/manager once this has passed for return to work assessments to take place timeously • Increasing COVID-19 safety precaution signage
Personal protective equipment (PPE) →	• PPE (masks/face coverings, gloves, aprons) – advice on adequacy of PPE and overall risk applying other hierarchy of control, control measures • FFP3 or suitable alternative if close working proximity required for specific tasks

Workplace risk judgement after control measures are implemented

Once risk factors for transmission of COVID-19 infection have been considered and practicable control measures have been applied, an overall workplace risk judgement should be made. Specifically, in the context of this document, it is the risk of transmission of COVID-19 through work activities that needs to be assessed. Figure 4 below outlines a simple table of risk factors that can be used to summarise the residual risk of COVID-19 transmission through work activities. It describes some of the main situations related to work whereby the risk of exposure to infection can occur. This list is not exhaustive and the notes in Appendix 2 provide more detailed explanation of each risk factor.

The overall workplace risk judgement would be the **highest risk level reached** (i.e. coloured risk category) for any specific risk factor, after control measures are implemented.

Illustrative examples of risk judgements are included in Appendix 1. Low risk is likely to mean working from home or isolated, non-shared office working.

The overall workplace COVID-19 transmission risk together with the medical vulnerability risk will be necessary in order to make an overall OH risk assessment and provide return to work advice to individual workers tailored to their specific work environment/activities.

Figure 4. Risk factors that can be used to evaluate the residual risk of COVID-19 transmission through work activities

Framework for workplace COVID-19 risk		Based on risk after control measures are implemented**			
Risk ID	Risk factors	Low *	Standard	Medium	High
1	Patient care/Individuals cared for in the community/Public facing				
2	Ability to maintain social distancing at work >2m				
3	Number of different people sharing the workplace				
4	Travel to and from work				
5	Workplace entry and exit				
6	Availability and use of PPE				
7	Ability to maintain hand hygiene				
8	Workplace environment cleanliness control				
9	Ability to avoid symptomatic people				

*   *A low risk environment is likely to be home working or isolated, non-shared office working*

**   *The overall workplace risk judgement would be the highest risk level reached (i.e. coloured risk category) for any specific risk factor, after control measures are implemented.*

c.   Medical/clinical vulnerability risk assessment

Many patients with underlying health conditions will need individualised guidance on their vulnerability risk of severe COVID-19 infection. The UK government has produced guidance on shielding and increased vulnerability groups. Many patients in the increased vulnerability group will be able to present to workplaces, depending on the overall residual workplace risk, as described in Section b above.

Clinicians can consider the following points when providing guidance to patients or employers:

- **Assessment of underlying medical conditions (current and past)** Number of medical conditions with detailed history of each condition - date of onset, course, current or recent activity/flare ups, treatment (past, current or recent). Past history of admission to hospital (when? If not in last 12 months, how bad was it as this may have a bearing on overall judgement) or any ITU admission ever?

- **Medications** - specific names and doses - particularly relevant in asthma/COPD severity assessment. Frequency of oral steroid courses, particularly within past 12 months. Conditions requiring immunosuppressant drugs.

- **Evaluation of co-morbidities** and their potential interaction in further increasing risk. Specific co-morbidities that further increase risk - age over 60 years, smoking/vaping, pregnancy (and specifically gestation period in light of 28-week threshold for risk management), BMI ≥ 40, black and minority ethnic (BAME) groups (increased risk group from current data, although exact aetiology/risk associations unclear).

- **Have they received a 'shielding' letter** from the Health Board/GP identifying them as severely increased risk?

- **Medical/Clinically vulnerable risk identification** - Refer to government/Public Health England (PHE) guidance on social distancing [1] for their list of specific 'increased' risk/'clinically vulnerable' health groups (i.e. to be particularly stringent with social distancing) and shielding groups [2] i.e. clinically extremely vulnerable (i.e. stay at home at all times, avoid any face to face contact).

- **Sources of advice** For interpretation of this guidance in practice and identification/evaluation of other potentially increased or high-risk groups not directly referred to in government guidance useful resources include: the ALAMA website (COVID-19) [3], Scottish Government guidance [4] and speciality specific guidance e.g. Association of British Neurologists [5] and Royal College of Obstetricians and Gynaecologists

[6]. Another useful resource is the NHS Digital website [7] to understand how 'shielding' groups were applied/defined by PHE/government. General fitness for work resources are also available [8]. See **Sources of advice** list at the end of this brief guide. **Government and clinical guidance are frequently updated so be vigilant for this.**

Sources of advice

1. UK Government. Stay alert and safe (social distancing). Published 11 May 2020. www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

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Links correct at date of publication, 18 May 2020

d.   Overall individualised occupational health risk assessment

The main objective of this guide is to assist clinicians in providing individual patient advice on return to work. Figure 6 details return to work advice recommendations taking into account both work transmission risk and medical/clinical vulnerability risk levels and Figure 5 demonstrates the interaction of these factors.

Figure 5. Interaction of COVID-19 workplace transmission risk assessment and medical vulnerability risk assessment in informing individual return to work advice.

Workplace risk assessment

Medical / clinical vulnerability risk assessment

Overall OH risk assessment

Figure 6. Collating workplace transmission risk and medical vulnerability risk into return to work (RTW) advice

Clinical risk group	**Extremely high clinical risk (Shielding) group** • Based on government guidelines • Easily identified from UK government guidelines on specified 'shielding' groups and those in receipt of shielding letters. i.e. extremely high risk of developing severe COVID-19 infection - 'clinically extremely vulnerable' • Should 'stay at home at all times and avoid any face to face contact' (until advice changes)
Return to work (RTW) advice	**Homeworking REQUIRED**
Potentially suitable work environments / activities	**Low workplace transmission risk environments/tasks only (i.e. homeworking)**
Clinical risk group	**Very high clinical risk group** • Identified from clinical assessment • Individuals who have multiple relevant co-morbidities and risk factors or complex cases who may not meet the UK government shielding group definition but still have very high risk of developing severe COVID-19 infection
Return to work (RTW) advice	**As for shielders - Homeworking LIKELY TO BE REQUIRED**
Potentially suitable work environments / activities	**Low workplace transmission risk environments/tasks only (i.e. homeworking)** **OH assessment to be considered, if case more complex**
Clinical risk group	**Increased clinical risk** • Based on government guidelines • Identified from UK government guidelines on specified 'increased'/'clinically vulnerable' risk groups • Should be 'particularly stringent with social distancing'
Return to work (RTW) advice	**Homeworking if possible**, but **if not, can attend workplace provided appropriate workplace hygiene measures and social distancing** (2m rule) **are operationally feasible/can be reliably implemented (specific** recommendations from Figure 3 menu list above bearing in mind hierarchy of controls) *Exceptions can apply for critical and essential services e.g. direct patient care and community care where social distancing is not possible, but COVID-19 transmission can be reduced by high-level PPE and diligent hand and workplace hygiene. **Avoidance of public transport use recommended, if possible**
Potentially suitable work environments / activities	**Low (Homeworking), Standard or Medium workplace transmission risk environments/tasks (subject to individual risk assessment)** **OH assessment to be considered, if case more complex**

Clinical risk group	**Likely increased clinical risk** • Identified from clinical assessment • Individuals who have combined 'increased risk' effect due to presence of multiple health conditions and multiple comorbidities or advice from specific OH guidance and specialty specific groups • 'Particularly stringent social distancing' advisable
Return to work (RTW) advice	**Homeworking if possible**, but **if not, can attend workplace provided appropriate workplace hygiene measures and social distancing** (2m rule) **are operationally feasible/can be reliably implemented (specific** recommendations from Figure 3 menu list above bearing in mind hierarchy of controls) *Exceptions can apply for critical and essential services e.g. direct patient care and community care where social distancing is not possible, but COVID-19 transmission can be reduced by high-level PPE and diligent hand and workplace hygiene. **Avoidance of public transport use recommended, if possible**
Potentially suitable work environments / activities	**Low (Homeworking), Standard or Medium workplace transmission risk environments/tasks (subject to individual risk assessment)** **OH assessment to be considered, if case more complex**
Clinical risk group	**Standard clinical risk** • Individuals with no health conditions or risk factors that would place them in any of the increased or higher risk groups above • Should still be practising hygiene and social distancing precautions
Return to work (RTW) advice	**Homeworking if possible,** but if not, **can attend workplace provided appropriate workplace hygiene measures and social distancing (2m rule) are operationally feasible/can be reliably implemented (specific** recommendations from menu list above bearing in mind hierarchy of controls). ***Exceptions can apply for critical and essential services where social distancing is not possible** e.g. **direct patient care and community care** but **also other specific work sectors [9]** where the particular activity is considered necessary for the business to continue to operate. **If so**, all mitigating actions possible to reduce workplace transmission risk should be taken and **social distancing** guidelines should continue to be adhered to, **'wherever possible'. Can use public transport, if cannot be avoided (with appropriate face covering)**
Potentially suitable work environments / activities	**Low (Homeworking), Standard, Medium and possibly High risk (e.g. with higher level PPE) workplace transmission risk environments/tasks - subject to individual risk assessment. See Figure 4**

! **The advice above is on the proviso that employers ensure control measures are reliably implemented and maintained and employees also have a duty to comply with these control measures**

[9]. Social distancing in the workplace during coronavirus (COVID-19): sector guidance. www.gov.uk/government/ publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19#social-distancing-in-the-workplace---principles Updated 15 May 2020.

e.   Health promotion

Discussion with employee on health promotion activities tailored to their current health behaviours, lifestyle, emotional health and wellbeing and any specific concerns they have. Potential interventions may include:

- Diet and physical activity - signpost to appropriate online apps and resources

- Consideration of multivitamin and Vitamin D supplements (particularly, if BAME)

- BMI - signposting to online weight management programmes

- Smoking - signpost to online smoking cessation programmes/websites

- Alcohol - signpost to online alcohol support services

- MH First Aid/Emotional resilience and signpost to online support e.g. www.llttf.com/corona Employee counselling services may also be available in some organisations

f.   Discussion of employee's ideas, concerns and their expectations (DEICE)

Discussion with employee regarding their psychological wellbeing during this pandemic, their views on a return to work, any concerns practically (for example travel to work, childcare or care commitments) or specific to the workplace. Explore their ideas on practical strategies or workplace measures that could address these concerns and their expectations on the likely adequacy of COVID-19 work- related control measures and workplace safety.

g.   Return to work (RTW) advice

Return to work recommendations should be based on the level of medical vulnerability risk (Standard-Increased-High-Very High-Extremely High/Shielder) AND the COVID-19 workplace transmission risk. See Figure 6 for corresponding individual RTW advice for each overall OH risk assessment judgement.

A return to work recommendation would be on the proviso that the employer maintains control measures and the employee complies with those recommendations until such time that the community and workplace risk from COVID-19 infection is reduced.

As the knowledge about COVID-19 risk develops further, risk assessments for individual and workplace risk factors will need to be reviewed.

4. APPENDIX 1: ILLUSTRATED EXAMPLES OF RETURN TO WORK COVID-19 RISK JUDGEMENTS

A workplace risk assessment is required to ensure that all reasonable steps are taken by employers to reduce the risk of COVID-19 transmission in the course of work. The lowest risk position is likely to be working from home however, there are many occupations whereby this is not feasible or practicable.

In order to provide individual advice to workers/patients, an assessment of the overall workplace risk of COVID-19 transmission is needed.

The risk factors in the tables below outline some of the main situations related to work whereby the risk of exposure to infection can occur. This list is not exhaustive and the notes in Appendix 2 provide some background information.

See the examples below to illustrate this. The overall workplace risk judgement would be the highest risk level reached (i.e. coloured risk category) for any specific risk factor, after control measures are implemented.

Scenario 1

An office administrator in a financial organisation closed to the public, working in a role that cannot be effectively carried out at home. The staff member does need to travel to work by public transport and flexible start times can be accommodated. Other staff members will also attend work but numbers have been restricted to always allow social distancing. All staff have had regular communication about hygiene and home isolation rules (if they or a household member are symptomatic) and there is an increased cleaning schedule at work for high touch surfaces. All staff have been issued with hand sanitiser and do not hot desk. Cleaning sprays are readily available and use is encouraged.

Explanation:

There are no non-staff persons presenting to the workplace making the risk from factor 1 low. There is no need to use PPE (factor 6), also low risk. Although other factors are not low, they are controlled and do not present more than standard risk.

Overall risk level:

The highest risk is Standard for any factors so this is the Overall Risk level.

Who can work?

Those with Increased risk vulnerability (Orange) or Standard (Green) risk could work in this workplace with these control measures in place but not those who have High (Red) risk.

		Based on risk after control measures are implemented			
Risk ID	Risk factors	Low *	Standard	Medium	High
1	Patient care/Individuals cared for in the community/Public facing	■			
2	Ability to maintain social distancing at work >2m		■		
3	Number of different people sharing the workplace		■		
4	Travel to and from work		■		
5	Workplace entry and exit		■		
6	Availability and use of PPE	■			
7	Ability to maintain hand hygiene		■		
8	Workplace environment cleanliness control		■		
9	Ability to avoid symptomatic people		■		

Scenario 2

A role involves providing social care to a service user with Cerebral Palsy in the service user's own home. There is a close staff team of five support workers, and they are limited to reduce infection risk. The service user requires physical assistance for toileting, washing and dressing. Members of the service user's family are not visiting at present due to the social distancing rules. All staff know how to recognise symptoms of potential COVID-19 in themselves and family members and know not to present to work in these situations. PPE is available but is used for the direct provision of personal care within two metres. The staff team also check the temperature of the service user and note the absence of symptoms of COVID-19 at each staff changeover. The support workers all drive private vehicles to the service user's home.

Explanation:

There is service user facing work (the main focus of the work for prolonged periods) which would present a medium risk. It is not possible to maintain social distancing for some periods of the shift although there are mechanisms in place to screen for symptoms in the service user. Being in close contact at times creates an increased risk, which is reduced with PPE worn. The close staff team leads to a low level of workplace sharing and cleanliness can be maintained on shift. If the service user became symptomatic for potential COVID-19, then the risk would elevate to high risk.

Overall risk level:

Because of the low number of staff and a single service user who is monitored for potential COVID-19 symptoms, whilst they are asymptomatic, the overall risk would be Medium, as this is the highest risk level presented by the risk factors.

Who can work?

Workers with Increased (Orange) or Standard (Green) risk can work here but not those who have High (Red) risk. If COVID-19 symptoms present in the service user, only Standard vulnerability support workers can work here.

		Based on risk after control measures are implemented			
Risk ID	Risk factors	Low *	Standard	Medium	High
1	Patient care/Individuals cared for in the community/Public facing			Medium	
2	Ability to maintain social distancing at work >2m			Medium	
3	Number of different people sharing the workplace		Standard		
4	Travel to and from work		Standard		
5	Workplace entry and exit		Standard		
6	Availability and use of PPE			Medium	
7	Ability to maintain hand hygiene		Standard		
8	Workplace environment cleanliness control		Standard		
9	Ability to avoid symptomatic people		Standard		

5. APPENDIX 2: NOTES ON WORKPLACE RISK FACTORS IN FIGURE 4

The following notes provide explanation of the mechanism whereby the risk factor can manifest in the workplace. This list is not exhaustive and further information on COVID-19 workplace risk assessment can be found in other sections of this document.

1. Patients/Individuals cared for in the community/ Members of the public i.e. public facing roles

a. These groups of people are not employees and therefore the potential to not understand/report COVID-19 symptoms or not comply with control measures is higher

b. Contacts in these situations may be many, increasing the risk of interacting with someone who is infectious

c. The less control over people being interacted with, the greater the risk e.g. employees of an organisation may be more likely to learn and abide by instructions than non-employees

2. Ability to maintain social distancing at work >2m

a. The risk of spread is thought to be reduced by distancing greater than 2m and is the basis of current government advice

b. The durations with which social distancing cannot be maintained factors into the risk assessment e.g. passing someone at 1m for a second is going to present lower risk than providing toileting support for a few minutes

c. Consider situations where people tend to come into close contact with others more at work e.g. kitchen and toilet facilities or other enclosed spaces

3. Number of different people sharing the workplace

a. Similar to risk 1, the higher the number of people sharing a space, the higher the risk of coming into contact with someone infectious. Reduced staffing presence on site reduces this risk

b. The ability to control local hygiene for the workspace lowers the risk - see 8

c. Keeping the same groups of workers working together in teams, (that are as small as possible) lowers risk - 'cohorting'

4. Travel to and from work

a. Public transport can increase the risk due to confined space and a high throughput of different people, some of whom may be infectious and not following hygiene control measures including isolation advice. There are many 'high touch' surfaces on most public transport. Some risk can be reduced by less busy travel times, high levels of hand hygiene and maintaining social distancing. Face coverings should also be considered

b. Private transport can reduce the risk due to less people sharing the space and ability to be driven by self or others known to comply with general guidance

5. Workplace entry and exit

a. High touch surfaces on entry are higher risk e.g. touching reader plates with electronic passes

b. Jobs where staff need to change into work clothes can be problematic as changing areas are cramped and high throughput of staff in smaller spaces. Consider staggering shift start and finish times and multiple routes of entry

6. Availability, need for and use of PPE

a. If PPE is required it means infection risk is higher - at least Medium risk

b. PPE level depends on the situation. If not working with COVID-19 symptomatics and not providing direct personal care within 2m, then PPE may not be required. If recommended PPE is not available when required, then risk is High

7. Ability to maintain hand hygiene

a. A combination of frequent hand washing with soap and running water as well as hand sanitiser is likely to be required in all locations. Very few situations should present more than Standard Risk from this factor

b. Hand hygiene can also be improved by contact surface cleaning

c. Consider hand hygiene risks from handling money, passing items to others

8. Workplace environment cleanliness control

a. Workplaces where hygiene can be better maintained are of lower risk e.g. an office closed to the public should be lower risk than a supermarket

b. Provision of cleaning supplies can allow workers to clean their own environment e.g. desk, phone, PC, door handles

9. Ability to avoid symptomatic people

a. Although asymptomatic people can be infectious, it is thought those with symptoms are higher infectivity risk

a. All workplaces (and individuals) should know and promote the home isolation rules for their own symptoms and household contacts

a. Patients, individuals cared for in the community and members of the public who do not follow the guidance may present as symptomatic. If the risk of symptomatic person exposure can be minimised, this will lower risk