



Supporting occupational health
and wellbeing professionals

In association with



The Prince's
Responsible
Business Network



acas working
for everyone

Returning to the workplace after the COVID-19 lockdown

A toolkit

“We have to plan ahead for what is likely to be a staged return to work over what could be prolonged periods, what principles should drive us as to how we do this well and central to those principles should be how we take care of our people. Many people will be concerned and anxious about being in workplaces or travelling to workplaces and they will want to know that their organisations are changing their thinking about flexible and remote working and that they are retaining their support for mental health and wellbeing. There is a risk that given the tough economic circumstances that the focus is more about shorter-term cost expediency, or an unbalanced view of productivity (i.e. the view that we have to have people back to be more productive).”

Peter Cheese Chief Executive, CIPD

“We want people coming back to work motivated to build back better: if we are not thoughtful about a good return, we will create workplaces which are filled with fear, unhappiness and doubt. Companies must realise that COVID is not a great leveller; some groups require more support than others. As responsible businesses, we have to step up and meet this new challenge with our eyes open.” **Amanda Mackenzie OBE** Chief Executive, BITC

“The coronavirus outbreak has caused large and sudden changes to the way we work, with businesses and employees forced to adapt quickly. Adjustments can present challenges, including to the mental health and wellbeing of the UK workforce. As lockdown measures begin to lift, staff will be looking to their employers to provide guidance during these uncertain times. Many employers are having to make tough decisions and plan for lots of different outcomes. We hope this return to work toolkit will be a useful resource in helping ease the transition and make sure staff coming back to work are reassured that their safety and wellbeing are a priority.”

Paul Farmer CBE Chief Executive, Mind

“The COVID-19 outbreak has been an incredibly challenging time for workplaces. We know that businesses and workers are looking for practical tips on how to get back to work safely. It is clear that real engagement and dialogue with employees is crucial to organisations adapting successfully, which is why Acas is pleased to support this new advice from the SOM and partners. It accompanies existing guidance from the government and Health and Safety Executive which aims to address the very real concerns people have on managing the safety risks on returning to work post lockdown.” **Susan Clews** Chief Executive, Acas

This document is for professionals to use to provide advice for employers and employees returning to work so that employers can manage risk alongside their legal obligations.¹ It is subject to change depending on government announcements.

Published May 2020

CONTRIBUTORS

Our thanks to all our contributors:

Advisory, Conciliation and Arbitration Service (Acas), Business In The Community (BITC), Chartered Society of Physiotherapists (CSP), Chartered Institute of Personnel and Development (CIPD), Cordell Health, Federation of Small Businesses (FSB), Mind, Royal College of Occupational Therapists (RCOT), Vocational Rehabilitation Association (VRA).

Professor Kim Burton OBE, Ruth George, Professor Anne Harriss, Professor Gail Kinman, Professor Ewan Macdonald OBE, Christine Poulter, Jennifer Remnant, Dr Munna Roy and others with expertise in occupational health and medicine, HR, and business. Dr Roxane Gervais and Dr Jo Yarker, Members of the Division of Occupational Psychology of the British Psychological Society.

1. Any recommendations or guidance are to help users consider and evaluate options and identify those suitable for their situation. Companies and advisers will need to consider guidance from relevant government or public health authorities and relevant legal and regulatory requirements for their locations, as it may differ. This document is a compilation of advice from several sources. Sources are clearly cited, and internet links given where possible. Although it will be kept under review and updated, it remains an individual responsibility to ensure advice given is up to date and accurate, so please check the weblinks on a regular basis as knowledge of COVID-19 is still evolving and advice may change.



In association with



The Prince's Responsible Business Network



acas working for everyone

Key points	4
Key resources	4
Background	5
General principles	6
Creating the right framework	9
Specific situations	11
Annex 1. Simple risk assessment template COVID-19 - transmission risk in the workplace	13
Annex 2. Examples of situations and risk judgements	14
Annex 3. Information for staff who have been in the vicinity of an employee who has acquired COVID-19	16
Annex 4. Advice for employees with a positive COVID-19 test	17
Annex 5. Return to work after PCR testing	18
Annex 6. Templates for OH providers	19
Annex 7. Frequently Asked Questions	33
References	35

KEY POINTS

- No industry or sector has been unaffected by the outbreak of COVID-19. Many people have had to make significant changes to their daily lives, at relatively short notice, including how they work - whether that's hours, location, or even being able to do their job at all. Nobody knows how long this situation will last, but it's clear that the impact will be felt for years to come.
- Employers cannot force their employees to return to work if it is unsafe. There is a duty on employers, HR, OH professionals, and employees to understand how to make the workplace safe, their role in that process, and the need to be involved and work together in making those decisions. Decisions about return to work should occur in a non-discriminatory way.
- A risk assessment should link clinical vulnerability risk to specific workplace risks. Also need to be aware of the risks of increased workplace tensions and disputes, arising from changes to workplace practices and working arrangements, and from fear of infection on return to work.
- Occupational health and other professionals can assist managers with risk assessments e.g. with advice on cleaning, disinfection, ergonomic and hygiene/ventilation systems and how 'stringent social distancing' can be applied in the workplace.
- The role of the manager and 'doing things in a compassionate way' is critical. Also, consulting with employees in this unprecedented situation is highly important, and legally required where there are recognised trade unions. Employees having an active and valued voice in this situation will be absolutely critical to businesses adapting successfully. There is a need to strengthen the relationship between employer and employee to inform decisions that will facilitate practical solutions and support the effective work of the organisation.

KEY RESOURCES

- The UK Government's COVID-19 recovery strategy assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884171/FINAL_6.6637_CO_HMG_C19_Recovery_FINAL_110520_v2_WEB_1_.pdf
- HSE - www.hse.gov.uk/
- Fitness to work risk assessments alama.org.uk/covid-19-medical-risk-management/
- WHO - work place ready www.who.int/docs/default-source/coronavirus/advice-for-workplace-clean-19-03-2020.pdf
- Infection control assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf
- CIPD toolkit www.cipd.co.uk/knowledge/fundamentals/emp-law/employees/workplace-guide-returning-after-coronavirus
- AHP Health and Work Report www.ahpf.org.uk/AHP_Health_and_Work_Report.htm
- Acas - For guidance on managing workplace issues around coronavirus www.acas.org.uk/coronavirus
- EU osha.europa.eu/en/publications/covid-19-back-workplace-adapting-workplaces-and-protecting-workers/view
- TUC www.tuc.org.uk/research-analysis/reports/preparing-return-work-outside-home-trade-union-approach and www.tuc.org.uk/news/tuc-no-one-should-have-return-work-without-tough-new-measures-safety
- Health-Work Toolbox www.goodworkgoodhealth.com (password: goodwork2020)
- USA - CDC COVID-19 Businesses and Workplaces www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html

BACKGROUND

Who are the key people in decision-making? Managers, human resource (HR), occupational health (OH)², occupational hygiene and safety professionals and senior managers should be consulted in the decision-making process. It is essential that groups collaborate from each other's expertise to embed effective OH and safety practices at the heart of any return to the workplace. Decision-making should (and in some case must) not be limited to the employer-side stakeholders plus OH experts etc. It is necessary to consult trade unions where these are recognised both in terms of industry-wide agreements and local agreements between unions and employers. Where there is no recognised union, employers should either consult with representatives elected by the staff or, in a smaller organisation, with all the staff directly. Employee engagement will be a crucial way to source information on practical issues, devise solutions and build staff confidence that their needs and concerns are being listened to and acted upon.

What medically informed data will guide the decisions? Evidence of 'flattening of the curve' in relation to the identification of new cases and meeting the key five principles set out by the government. The first steps include undertaking risk assessments for workers. Given the required confidential medical knowledge to undertake such assessments, OH professionals are best placed to undertake this role. Managers, HR, employee representatives and health and safety representatives should not be undertaking medically based risk assessments. Workplaces are advised to draw up evidence-based protocols for social distancing with employees and their representatives.

Testing is a key part of the return to work – to identify those who currently have the infection and those who have been infected. If an employee tests positive for COVID-19, they can self-isolate and avoid risk to others. This is especially important for those who are asymptomatic. Current testing only identifies those who are currently infected and would require daily testing. Certification may be necessary, eventually, but would rely on effective antibody testing. Currently, no antibody test is considered effective in the UK. There is a potential risk of fraudulent use of certification. If an employee has a legal right to refuse to be tested, they must not be victimised for refusing, and there may be further practical considerations in that scenario.

It is important to use existing employer data when making workplace decisions, including data from HR such as absence data. It will indicate the amount of the workforce who may have experienced or are currently experiencing COVID-19. Employers also need to consider presenteeism – many people are likely to be working at home while sick without informing their employer. Employers need to raise awareness of the risks of presenteeism for recovery from COVID-19 and other illnesses (whether physically at the workplace or not). Reopening workplaces is likely to put staff members at risk of encountering the COVID-19 infection, so OH needs to provide advice on this. All appropriate reporting processes need to be communicated, and managers need to know their roles.

2. OH specialists are trained in risk assessments, biological hazards, control measures and personal protective equipment, amongst many other areas. OH specialists ensure the health and safety of workers across all sectors; it is essential to consult them when making decisions about the safety of reopening workplaces.

GENERAL PRINCIPLES

i) Principles of a good return to work

Making work attractive and providing reassurance to staff is key to encourage their return to work. Employers need to identify obstacles that may prevent or delay a return or require workers to remain away from the workplace. Temporary, medium- or long-term adjustments may be required, e.g. a gradual build-up of hours. A conversation about returning to work between line managers and employees is critical. They need to cover what the first day back will be like, what to expect, issues relating to the commute and workplace strategies to minimise risk. Staff confidence comes from them being engaged and confident that their concerns are being listened to and acted upon, as well as knowing that the employer is joining up with appropriate experts such as OH.

It is crucial that employers and managers are aware of and understand the key principles of employment law when it comes to proposing and discussing any changes to work arrangements or other terms and conditions. Otherwise they risk creating disputes around breach of contract, as well as potentially ill-feeling and resentment amongst staff. The core principle is the need to consult staff (and reps where applicable/available) to seek to reach agreement about e.g. changes to shift patterns, or any other changes that vary terms and conditions. There also could be a risk of discrimination here – so changes need to be handled carefully. See the Acas guidance on varying contractual terms and conditions: www.acas.org.uk/changing-an-employment-contract

Mental health and wellbeing support is a key principle of a good return to work - see [Acas' guidance on supporting mental health in the workplace](#). It is also key for employers to ensure workers know how and with whom to raise concerns. In terms of dealing with concerns, the principles are that line managers should take an approach of working together with their staff to resolve any concerns; and teams should be empowered to work up solutions (within the parameters of public health guidelines and employer's duty of care). Acas can provide impartial advice to assist employees and employers where there are potential disputes - www.Acas.org.uk/dealing-with-a-problem-raised-by-an-employee

A combination of collective engagement with representatives, plus individual engagement through line managers, will provide insight into both workforce and individual needs and concerns, and will help create a safe return physically and emotionally. It will be critical to have a re-orientation or induction process for returning staff, including a return-to-work conversation with the line manager prior to the first day back, e.g. to discuss what will the first day look like, and any commuting issues. Consultation should occur about travel arrangements and what would make it work for staff.

On arrival in a workplace consideration should occur about hygiene - access points, staggered routes, lifts/doors/stairs, posters about regular hand washing with clear visible messages. This should take place for every employee with the focus on their health, safety and wellbeing. It should also identify any issues that may prevent, delay or require workers to remain away from the workplace. This should be a sensitive and open discussion to discuss any adjustments and/or ongoing support individuals may need to facilitate an effective return to work.

It's important to consider resourcing issues to support physical distancing, such as 'cohorting' - i.e. keeping people working in the same teams (e.g. team A and team B), and keeping teams small so large numbers of people do not come in at the same time. See the CIPD's [Guide for flexible working essentials](#) in the COVID-19 context, and interactive [workforce planner](#).

Employers should ensure the organisation culture is inclusive and every employee feels they are returning to a supportive and caring environment. The pandemic has had an unequal impact across the workforce, as different employee groups, and individuals, will have been affected in diverse ways according to factors such as their job role, and demographic/personal circumstances.

Therefore, it is important the organisation fosters an inclusive working environment that does not tolerate discrimination such as discrimination on the basis of any characteristic protected under equality law (age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation). For instance:

- Racist behaviour towards people of east-Asian heritage.
- Changing hours for the whole workforce could impact more on women, which could be indirect discrimination. Disabled workers not being provided with reasonable adjustments, including in homeworking setups etc.
- Female workers with primary responsibility for childcare unreasonably not being allowed to work from home.
- Pregnant workers not having risk assessments, not being provided with suitable alternative work or not being suspended on full pay where no suitable alternative work is available (which is a statutory right).
- Pregnant workers and people over 70 being asked to go home or chosen to be furloughed ahead of others.
- Older workers being invited to take unpaid leave.

There is also a risk of victimisation of those infected, suspected, or more vulnerable to COVID-19. Note [Acas' guidance on discrimination, bullying and harassment](#)

ii) Safe physical work-environment

Workplaces should provide adequate physical distancing. There are many methods to cope with distancing e.g. changing shift arrangements. These all need consultation/engagement to some extent, especially where these are contractual arrangements. Homeworking should be maintained where possible. Awareness of the risks and benefits of home working and risks to mental and physical wellbeing as well as practical working arrangements may be addressed. Employees working at home may, for example, feel isolated, face difficulties balancing homeworking with caring responsibilities, or have to share their working space with others in their home. There is a risk of musculoskeletal pain related to poor ergonomics or similar. A recent [IES survey](#) has highlighted extensive deterioration in just the first few weeks of lockdown.

Ensure people remain engaged and feel supported when working at home. Many people have been working at home exceptionally - with limited equipment or testing.

As we move into this being a standard, there is an expectation that employers will conduct home assessments. Training may be required for workers remaining away from the workplace and those whose roles change, and they need to know how/with whom to raise any issues or concerns they may have. Some organisations are holding weekly coffee mornings using Zoom or similar.

Other points to consider:

- Within one business there may be very different working environments, therefore a need to make relevant workers clear about different working environments and any passage between them.
- Employees and their representatives should be engaged to understand any practical problems due to e.g. reduced public transport and/or health and safety fears around using public transport, and in devising solutions to resolve or workaround such issues. Transport to and from work should be reviewed, together with flexible working arrangements to reduce peak commuting times. People may have previously carpoled and may no longer be able to do so.
- There should be staggered use of shared facilities such as canteens and improved hygiene practices in these areas.
- Infection control measures should be explicit including maintaining hand hygiene and a clean working area.
- Close contact work should be maintained to the minimum possible for the job role and must be risk assessed.
- There should be collaboration with estates to redesign space which is likely to be an evolving situation.
- Job demands and resources may need to be reviewed as specific workers may need to remain away from the workplace long term. Short, medium- and long-term measures may be required, and consultation is essential.

Employers might need to review workload allocation and clarify job roles - consultation and flexibility by line managers is essential. Rapid organisational change can easily result in increased workplace conflict, for example where job overload leads to pressure-cooker working environments, which in turn can lead to bullying and harassment. As well as basing changes on risk assessments, engaging staff throughout the change process greatly reduces the risk of conflict and its negative impacts on wellbeing and productivity. It may be necessary to address feelings of task illegitimacy, injustice and unfairness if some people are thought to be treated more 'favourably' than others.

Protocols should be agreed as far as possible before return; then ahead of return, communicate both the agreed changes and the fact that a range of stakeholders (from OH to unions/ reps etc.) have been consulted in making decisions about those changes. Both these elements of communication are ideally needed to give staff confidence.

iii) Placing a focus on mentally healthy workplaces

Early research shows that many returners are going to return with depleted mental health. There is also an ongoing risk. There are many reasons for this including increased demands at home due to caring responsibilities, concerns about finances and job security, changing workload and work location, impact of being furloughed, bereavement and anxiety related to the fear of COVID-19 itself. Mentally healthy workplaces will be a priority as the nation transitions out of lockdown. A whole systems approach will be key and will need to focus on:

- Support
- Maintenance
- Prevention

There is a close link between workforce wellbeing and organisational resilience and productivity.

CREATING THE RIGHT FRAMEWORK

Employers should consider the resources and support available to individuals, groups of workers and teams, line managers and the organisational strategy.

Individual:

- Provide and promote access to mental health support for all employees, including awareness raising, and tools and techniques to manage mental health (see Mind's Wellness Action Plans - www.Mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/employer-resources/wellness-action-plan-download/).
- For employees who have a known, pre-existing mental health issue, ensure support is in place and that they are able to access this.
- It is particularly important that all employees take extra steps to protect their mental health during this time. Promote mentally healthy practices e.g. connect, exercise etc. and make sure employees know how they can raise concerns.
- Note Acas guidance on sick pay around COVID-19 [here](#)

Groups/teams

- Good work and good jobs are of heightened importance in times of uncertainty. Flexibility and communication will be key to understanding and managing needs within teams. Promote the conduct of regular reviews and/or risk assessments at team level.
- Maintaining relationships between team members and groups of co-workers will be important as we transition out of lockdown with different environments and with demands on return to work.
- Strategies to maintain good communication between team members, despite different workloads, work patterns and work locations will be needed.

Line managers

- Ensure line managers are aware of the resources available in their organisation to support their teams, including employee mental health. See CIPD's practical guide for line managers: [Six steps to help your team thrive](#).
- Where possible, ensure line managers are equipped with the knowledge and skills to have difficult conversations and facilitate access to support. See Acas guidance on [Challenging conversations and how to manage them](#).

People professionals (HR)

- Assess your organisation's business continuity plan to take on board any easing of the lockdown restrictions to ensure a safe return to the workplace. Communicate the plan to key teams and individuals across the business as it changes to take account of the changing situation.
- Ensure all managers and employees are aware of the organisation's sickness absence procedures as well as the government's new rules around COVID-19, including that Statutory Sick Pay will be made available from day one (instead of from day four) for those affected by coronavirus when self-isolating. Employers should relax their requirement for medical evidence after seven days' absence. An alternative option to providing sick pay is to allow people who are asked to self-isolate, but are not unwell, to work from home wherever possible, and continue to pay as normal. Note [Acas sick absence policies guidance](#) and the importance of effectively managing sick absence - what is acceptable and what is not.
- Implement an internal communication strategy on an ongoing basis so that employees are aware of measures being taken to manage the ongoing situation in your organisation. Understand that some people may have real concerns about catching the virus, while others may have worries about family or friends in a higher-risk group. Ensure that line managers are regularly informed about the organisation's contingency plans and how to discuss the situation with any concerned employees.
- It is important people professionals look after their own wellbeing so they can stay well and support line managers and employees to also stay well. CIPD members can access a new [wellbeing helpline for advice and support](#).

Organisations

- Encourage a strategic and coordinated approach within organisations so that all employees are afforded the same opportunities for support. This co-ordinated approach should be between all those stakeholders involved in making the return to work a safe, healthy and productive one: i.e. employees, employee representatives, teams, line managers, HR and senior management. Also, review arrangements regularly - consider how do you get feedback.

- Organisations have a duty to protect employees from harm. As workers transition out of lockdown there is need to assess the risks posed by new ways of working. The HSE Management Standards for Work Stress framework offers an approach for this.
- Consider the impact of different groups working in different ways. For example, those returning following COVID-19, isolation, furlough, and those continuing to work from home due to caring responsibilities or health. An inclusive approach and open, regular and two-way communication are vital to mitigate negative impacts on employee mental health.
- Ensure 'at risk' groups within organisations are identified and provided with the relevant support and resources to spot risks and problems, agree solutions and prevent the impact on mental health. For example, use organisational survey data to identify issues such as dissatisfaction with leadership or communications, and/or use stress risk assessments to identify 'at risk' groups and appropriate areas for action.
- Consider a range of options to provide appropriate support. There is growing evidence for the efficacy of CBT plus work-based counselling, Mindfulness, ACT, self-compassion focused interventions however in the context of increased demand for provision ensure that you are procuring evidence based solutions and guard against 'quick fix' approaches.
- If Employee Assistance Programmes or Occupational Health Services are available ensure that these are easily accessible, and employees are aware of the services offered and encouraged to make use of them. Where internal support is not provided, identify resources to signpost and share with employees.

Do look at the Mental Health at Work Gateway curated by Mind and Heads Together www.mentalhealthatwork.org.uk, the Mind website www.mind.org.uk and the [Acas guidance on supporting mental health in the workplace](#).

The Access to Work Mental Health Support Service for employees is provided by Remploy on behalf of Access to Work. It is confidential, comes at no cost to the employer and provides nine months vocational workplace support to the individual.

This includes:

1. Workplace mental wellbeing support and advice for nine months, which is tailored to the needs of the individual.
2. Help for individuals to identify successful workplace and condition coping strategies that will support their success.
3. Advice on simple workplace adjustments that could be implemented to help individuals fulfil their role.
4. A step-by-step support plan for individuals to follow, helping them to get back on track.
5. Helping employers to fully understand what support they can offer to employees with a mental health condition (with their permission).
6. Support provided in an appropriate environment, in respect of the individual's wishes.

All the above is provided at no financial cost to the employer.

To be eligible for this service, individuals need to be in permanent or temporary employment and have a mental health condition (diagnosed or undiagnosed) that has resulted in workplace absence or is causing difficulties to remain in work. Self or third party referrals can be made by calling Remploy on 0300 456 8114 or by emailing a2wmhss@remploy.co.uk

See www.remploy.co.uk/employers/mental-health-and-wellbeing/workplace-mental-health-support-service-employers

iv) PPE

Guidance is in the UK Government's COVID-19 recovery strategy assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884171/FINAL_6.6637_CO_HMG_C19_Recovery_FINAL_110520_v2_WEB_1_.pdf. Employers should make clear whether PPE is mandatory or advisory, i.e. have a clear policy and state consequences of non-compliance. For customer-facing roles, this is not only a source of health and safety risks but also an issue that may cause considerable staff anxiety. In practical terms, this might mean e.g. asking staff to reMind customers of the 2m rule when necessary and ensuring that staff know they will be supported by their employer if customers don't comply. Importance also of being clear how employees report poor behaviour of 3rd parties, i.e. encourage zero tolerance of ignoring guidelines, to protect staff and avoid staff feeling unprotected.

SPECIFIC SITUATIONS

i) Those who have had COVID-19 – see Annex 4

Individuals who have had the virus can resume work 2-3 days after the symptoms of sore throat, fever, headache, persistent cough etc. have ceased. In addition, they can resume work if they have a mild intermittent cough and have not had a temperature of 37.8c or more without using medication to limit their fever for 48 hours. They should not resume work less than 7 days after the onset of symptoms. The UK.Gov site offers helpful advice that, if followed, can reduce the risk to others when a worker [comes out of isolation](#) and for when they are [at home with a possible COVID-19 infection](#). The cough can persist for some weeks. 7 days is an isolation period not a recuperation period. Many will need longer term recuperation and phased return to work plans.

People who are most affected by COVID-19 may be more likely to have other underlying health conditions and some previous life experiences may increase the likelihood of psychological difficulties arising from COVID-19 treatment. Flexibility is encouraged to accommodate safe and confident return to work for these groups where desired or necessary. When individuals who have had the virus return to work, there is risk that they may suffer ill-treatment from colleagues and managers, who may be afraid of contracting the virus from them. Similarly, vulnerable groups may find they are being treated differently or unfairly compared with other groups. It is important to make sure that all staff are clearly informed that any return to work is being managed in line with the government's latest medical advice. All staff should be encouraged to come forward with any concerns they may have about any ill-treatment and should be made aware of how and with whom to raise their concerns.

Occupational health (OH) specialists, including OH nurses and physicians, occupational therapists, physiotherapists, vocational rehabilitation and other return to work specialists can assist with:

- Education and intervention around psychological wellbeing e.g. addressing the barriers to people staying connected with families, friends, work and their community and encourage engagement in meaningful occupations, physical activity and relaxation to promote wellbeing and reduce symptoms of mental ill health.
- Onward referral and collaboration where additional specialist input is required, e.g. cardiac, pulmonary, psychological.
- Breathlessness and fatigue management - education, intervention and review.
- Self-management techniques - pacing, grading, prioritising, relaxation and sleep hygiene education.
- Facilitation of group/individual rehabilitation delivered by other competent professionals and referrals to social prescribing schemes and signposting to community organisations and welfare rights advice.

See Annex for Information for staff who have been in the vicinity of an employee who has acquired COVID-19: Please note that this advice may change when the test, track and trace policy is rolled out.

ii) Encouraging people who need to go back to work but have got used to working at home

There is a need to consider first whether a return to the workplace is actually necessary, and/or to what extent it is, and then whether it can be done safely. If so, then the question of motivation arises as it remains that some people may be reticent to return, e.g. through fear of infection, or may feel that having got used to working at home they would like to continue to do so. This gives rise to several key considerations:

- considering whether a more flexible way of working could in fact be continued
- motivation/encouragement to return where it is necessary
- following the right process if an individual makes a formal request to work flexibly (on which [Acas has a statutory code of Practice](#) that must be followed).

It is important to make the return 'easy' and barrier-free; recognising different personality types may need additional support and the role of leaders in setting expectations, providing reassurance, confidence and setting company-wide goals and intentions. A flexible and open-minded approach, underpinned by good communication is needed. Avoid catastrophising, as some will be coping well.

Employers need to be aware and sensitive to people's personal and/or caring responsibilities. Line managers might need training to ensure that communications are unambiguous, but sensitive to employees' individual circumstances. Employers are recommended to review home working policies, taking both a company and an individual approach. Consultation is a must when it comes to varying contractual terms and conditions, and good practice when varying non-contractual policies. This is an ideal time for employers to think more creatively about effective ways of working, and harness more agile and flexible working practices to meet individuals' changing expectations. There is a statutory Acas code of practice on handling flexible working requests. Employers must follow that if a formal request is made. [Please see Acas website for guidance on responding to a flexible working request.](#) This is an opportunity to extend remote working across your organisation in a way that can bring benefits for both individuals and the business and consult employees and trades unions where appropriate about the opportunities to support more permanent homeworking arrangements. See the CIPD's guide on [Getting the most from remote working](#). Certain employees may have found home working more effective and productive whilst others may have experienced reduced motivation and lacked the support they require. Need to identify criteria for this - likely to be due to job type, physical environment and a clash between other responsibilities (e.g. childcare)

iii) **Supporting people who are returning following mental and physical health issues**

See fitness to work risk assessments at alama.org.uk/covid-19-medical-risk-management With a workforce that is depleted by either COVID-19 infection or self-isolating for potential infection (something likely to continue), employers must not overlook their wider legal obligations to support people with common health problems to maintain their workability. Note the legal obligation to make reasonable adjustments for those with a disability - see [Acas guidance on reasonable adjustments](#).

In addition to this, the AHP Health and Work Report can be completed by an AHP skilled in understanding the impact of physical and mental health problems related to work plus how these difficulties may be managed to facilitate remaining in or returning to work. The report has been designed to provide additional information to assist in the completion of the fit note, should you choose to use it. www.ahpf.org.uk/files/AHP%20Health%20and%20Work%20report.pdf

iv) **Bereavement issues following the death of staff member or loved one.**

See www.cruse.org.uk/get-help/coronavirus-dealing-bereavement-and-grief and [Acas guidance on time off for bereavement](#).

ANNEX 1. SIMPLE RISK ASSESSMENT TEMPLATE COVID-19: TRANSMISSION RISK IN THE WORKPLACE

Introduction

To complete advice for COVID-19, vulnerable groups, individual vulnerability factors as well as workplace factors need to be assessed. This risk assessment approach for workplace factors may assist with this process.

Rationale for risk factors

COVID-19 transmission risk mainly arises from:

- Contact - contaminated surfaces
- Droplet spread - e.g. coughs and sneezes

Aerosol spread can occur mainly in healthcare settings and Aerosol Generating Procedures would be regarded as high risk.

The risk factors outline situations related to work whereby the risk of exposure to infection can occur. This list is not exhaustive, and the notes provide some background information.

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 albeit there are many occupations whereby this is not reasonably practicable.

Risk assessment for COVID-19 infection risk from presenting to work relates to factors that increase the prospects of coming into contact with COVID-19 virus. Patients, the public who do not follow the guidance and service users may present as symptomatic. If the risk of symptomatic person exposure can be minimised, this will lower risk.

Framework for workplace COVID-19 risk		Based on risk after control measures are implemented			
Risk ID	Risk factors	Low *	Standard	Medium	High
1	Patient/Service user/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 very low risk environment is likely to be home working or isolated, non-shared office working.

ANNEX 2. EXAMPLES OF SITUATIONS AND RISK JUDGEMENTS

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.

Framework for workplace COVID-19 risk		Based on risk after control measures are implemented			
Risk ID	Risk factors	Low *	Standard	Medium	High
1	Patient/Service user/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				

Explanation

There are no non-staff people presenting to the workplace making the risk from factor 1 very low. There is no need to use PPE (factor 6), also very low risk. Although other factors are not very 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.

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

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.

Framework for workplace COVID-19 risk		Based on risk after control measures are implemented			
Risk ID	Risk factors	Low *	Standard	Medium	High
1	Patient/Service user/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				

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.

ANNEX 3. INFORMATION FOR STAFF WHO HAVE BEEN IN THE VICINITY OF AN EMPLOYEE WHO HAS ACQUIRED COVID-19

NB: Please note that this advice may change when the test, track and trace policy is rolled out.

I have been in contact with a staff member who has subsequently tested positive for COVID-19, what should I do?

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay at least two metres (six feet) away from others. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth. This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub.

If you have maintained the social distancing rules and hygiene methods, then the chance of potential transmission is low. If the colleague is not coughing or sneezing, then the likelihood of breathing in these droplets becomes even lower. With adequate hand hygiene (that is, regularly cleaning your hands in an appropriate manner and avoiding touching your face), the likelihood of picking up the infection from a surface and spreading it to a part of your body where it could become internalised, and you therefore become infected, is lower still. Provided everyone practices these hygiene methods, the transmission chain can be broken.

I have been in contact with a staff member who has subsequently tested positive for COVID-19. What should I do at home to protect my household?

You do not need to practice social distancing at home to protect members of your household. If you have followed the above there is no robust evidence to suggest that social distancing within the household, even for NHS staff/healthcare workers whose exposure rates are likely to be higher, is needed. There is some evidence that COVID-19, if in contact with clothing, can remain active for around 24 hours. Therefore it is appropriate to wash items of clothing that have been worn during this theoretical contact, and to do so separate from other laundry. Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely.

Should I be tested, even though I am asymptomatic, as I have been in contact with a colleague who has acquired COVID-19?

Based on the evidence, no.

The sensitivity and specificity of the test (i.e. the likelihood of a true positive and true negative test respectively) changes with many variables, including the timing of the test.

The test looks at the viral load on the swab taken. The viral load is the amount of viral material, which is dependent on the virus reproducing and spreading its progeny (viral shedding). A positive result is based on reaching the threshold of detection.

There is little data on shedding in the first few days following exposure to infection. Most data points to a peak in the amount of virus shed around the time of symptom onset and a subsequent decline that results in a rapid drop in PCR sensitivity (if detection probability is assumed to be proportional to infectiousness). In general, it is unlikely the test would be positive if you do not have symptoms, which could result in false reassurance.

It is important to be vigilant for symptoms. If you do become symptomatic, inform your line manager, fill in a COVID reporting form and stay off work for 7 days. At this point, if you are a key worker you can be tested. It is important to apply for a test as soon as you have symptoms to ensure you are tested at the right time for the test results to be the most accurate.

What about the risk during the asymptomatic period?

The risk of acquiring or transmitting infection is yet to be quantified in a valid way.

COVID-19 is mainly spread through respiratory droplets expelled by someone who is coughing.

During the asymptomatic period transmission is less of a risk when social distancing and hand hygiene is followed, as there is a lower risk of the asymptomatic person transmitting the infection, and any theoretical risk can be mitigated with the above measures.

Self-isolation once symptoms start has been predicted to reduce risk of spread by up to 57%.

ANNEX 4. ADVICE FOR EMPLOYEES WITH A POSITIVE COVID-19 TEST

Can I get re-infected with COVID-19?

If you develop further symptoms of COVID-19, please self-isolate and re-present for testing. The evidence at present of the risk of re-infection is unclear.

Am I now immune to COVID-19?

This is not yet clear but, on the limited data so far, you probably have a level of protection that dwindles over time (possibly months). Whether this immunity prevents all reinfection or merely makes a second round of sickness less intense, and the period of time for which immunity lasts, depends on multiple factors, such as genetics, gender, the strength of your initial immune response, and the characteristics of the virus itself as it continues to evolve. We will update this advice as more information becomes available.

I am awaiting a test result. Should I come into work?

For the most accurate test result, you should apply for a test as soon as you have symptoms, to be tested in the optimum testing window. You should not be coming into work whilst awaiting the results.

This is because current evidence suggests infection declines very quickly within 7 days of symptoms. Once you have received the test result, inform your manager.

If the test is positive, please also update absence report.

I am having ongoing symptoms despite isolating for seven days, can I come into work?

Some symptoms, including a cough (but not continuous cough) and fatigue, can be ongoing for a time after the infection is over.

However if you are still experiencing a fever or a continuous cough do not come into work. Self-isolate until these symptoms have subsided for 48 hours as a precautionary measure.

The risk of reinfection is unclear, and if you re-experience a continuous cough and high temperature (that is, after 48 hours of being symptom-free), **please self-isolate and re-present for testing.**

Should I be retested and wait for a negative test before returning?

Evidence shows that tests can remain positive for over 14 days after symptoms subside. At present it is unclear what this means, as more research is needed in this area. We do know that after seven days your infectiousness is low.

Retesting and isolating, awaiting a negative test, before returning to work is therefore not advised.

Those with a positive test should stay off work for seven days and return to work on day eight, providing they are well and have been afebrile for 48 hours.

General advice:

I have symptoms of a potential COVID-19 infection, should I be tested?

If you fall within the government category for testing, then yes. Please note that the optimum time to be tested is within three days of the onset of symptoms; applying for a test as soon as you get symptoms is advised.

Further advice on eligibility can be found here:

www.gov.uk/guidance/coronavirus-covid-19-getting-tested

How accurate is the current swab testing?

The current test used is an antigen test, which detects viral RNA from a nose and throat swab. Due to the speed of the outbreak and the need to develop testing, there is limited data about the accuracy of the test. During the test validation, a small sample tested gave an accuracy of 100%; it is difficult to generalise this result to a large number of real-life tests.

ANNEX 5. RETURN TO WORK AFTER PCR TESTING

Key points:

It has been decided that employees should not return without knowing their results. This is based on several considerations:

1. Reassurance to the employee that they are fit to work
2. Reassurance to others that those within the work environment are fit to return

One way of doing this could be to create an online questionnaire/algorithm that the employee fills in to ensure that the employee is fit to return. A persistent but not continuous cough (i.e. sporadic in nature only) may continue after acquisition and clearance of infection.

Outcomes of test:

1. Negative result

a) If the employee no longer has the main symptoms - high temperature or a continuous cough (feeling hot to touch on your chest or back and a new, continuous cough - this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours) for 24 hours* then they can return to work.

b) If the employee has ongoing symptoms then they should continue to self-isolate. A repeat test may be needed, and medical advice should be sought if the employee's health worsens or is still symptomatic after five days.

*24 hours has been suggested as the timeframe for those with a negative result to maintain a consistent approach for employees and for reassurance of the employee and others.

2. Positive result

The following would be needed to determine that an employee is fit to return:

1. That they have completed seven days self-isolation since the date of their first symptoms.
2. They have not had a high temperature or a continuous cough (feeling hot to touch on your chest or back and a new, continuous cough - this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours) for **48 hours**.

If the employee continues to remain unwell then they should remain in isolation until the above symptoms have been absent for 48 hours.

N.B. Some people may have ongoing symptoms such as fatigue and feel unfit for work that may need further consideration. An occupational health referral would be advised on a case by case basis if there are ongoing symptoms that affect the employee's ability to work.

This advice would be anticipated to be adapted during test, track and trace as individuals may be asked to undertake self-isolation and testing whilst asymptomatic based on the potential of having acquired COVID-19 through community transmission.

In the above scenario individuals may be required to self-isolate for seven or 14 days depending on the contact scenario. The template could be changed to reflect these timeframes.

Adapted from: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880057/Flowchart_for_return_to_work.pdf

ANNEX 6. TEMPLATES FOR OCCUPATIONAL HEALTH (OH) PROVIDERS

1. Scope

This policy applies to all staff, including business support and hub staff receiving requests for advice and/or assessment calls during the Coronavirus Disease 2019 (COVID-19) pandemic.

2. Purpose

The aim of this policy is to promote access by employers to timely and accurate advice on how their employees may be protected at this time of national emergency, so far as is reasonably practicable, in the context of the circumstances of each of their organisations.

3. Approach

In principle, and in order of priority, we are providing three forms of advice/assessment:

Advice to employers on risk assessment, and on risk control measures, in order to protect their workforce while enabling operations, and on the principles of the vulnerability of individuals. For a minority of clients, operations may have ceased until the government permits them to reopen, while the majority are providing essential services in healthcare (in the NHS, private and charitable sectors), social care (charities and our councils), the infrastructure of local government, utilities provision and key workers in logistics. Advice to these employers may be arranged to be answered **by telephone or email**. This may also include advice on COVID-19 testing, as this informs risk assessment, as at: www.gov.uk/guidance/coronavirus-covid-19-getting-tested, and as set out in published updates to clients on COVID-19 and risk management.

Advice to employers on the vulnerability of individual employees, to inform risk assessment, and action by the employer on how these individuals may be further protected. **To ensure informed consent**, rather than responding to email requests we may receive for advice on named individuals, we do this through **short teleconsultations with the employee**. This is followed by timely provision of a report to the employer. During the COVID-19 pandemic, a statement on vulnerability of the individual employee is to be made on all reports following standard case management referrals. As for all occupational health reports, these must clearly be impartial, and state the level of vulnerability, but not include statements that ‘tell the employer what to do’. It is for the employer to decide on the most appropriate control measures, based on their risk assessment, and informed by the level of vulnerability. Suggestions might be made, but it is the employer’s responsibility to decide. Examples are included in the appendices. The principal reference is at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

Advice to individual employees. This service is provided only to those clients who have a contract arrangement for advice calls. This is for **telephone advice** to individual employees at their request on how they may manage their health and wellbeing at this time, including advice on symptoms, and self-isolation.

4. Process for booking calls - business support staff

Type of call	With whom
Advice call to employers on risk assessment and principles of vulnerability, and on testing	Occupational Health Professional (OHP) with employer
Advice email to employers on principles of vulnerability	OHP to employer
Short telecon with employee following referral to advise the employer on the vulnerability of individual employees	OHP with employee
Health and wellbeing advice to employees of those clients who have requested these	OHP with employee

5. Clinical process

Type of call	Advice given
OHP telecon with employee following referral to advise the employer on the vulnerability of the individual employee	As checklist. To consider the individual's vulnerability, and to assign a risk category (as per table below)
Health and wellbeing advice by OHP. Only to employees of those clients who have requested these advice calls and for which an agreement is in place (e.g. TBPC).	Advice on managing health and wellbeing and may include advice on symptoms of COVID-19, on self-isolation, and on caring responsibilities

The clinical process for vulnerability assessment follows the checklist as below. It is not mandatory to use the checklist, provided the relevant information is on the clinical record. If used, it should be scanned and uploaded onto the case file once completed.

Each assessment must begin by obtaining verbal consent, and follow government guidance on social distancing at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing and professional consensus documents, including those provided by the SOM, the FOM, and the Royal College of Obstetricians and Gynaecologists. Useful reference tables have been brought together by the Association of Local Authority Medical Advisors (ALAMA): alama.org.uk/covid-19-medical-risk-management/

It is essential adequate clinical records are made. Records will be concise but should contain the key elements as set out within the checklist. Reports must be clear and concise, whether in the medical statement of fitness for work format, or in the format of a shortened occupational health report.





Informed consent remains essential. Most employees are content for these reports to be sent to themselves and the employer at the same time, this consent must be freely given and noted on the case event record. For the purposes of COVID-19 telephone assessments, it is not necessary for consent forms to be completed and signed by the clinician, provided that it is clear within the clinical record that the individual has consented, and whether this is consent for release at the same time or before to send to the referrer, and that a note is made that the date of birth and preferred email have been checked on the personal details.

It is also essential that appropriate references are included on these reports, as the evidence base for the recommendations made. Examples are provided in the appendices.

6. Outcome – informing risk assessment

The outcome of these assessments is tailored advice for employees, given their individual health conditions and work circumstances, in order to inform the employer's risk assessment. The report must therefore provide clarity of the risk, and mitigation advised. During the current pandemic, clinicians are also to provide advice in their reports on vulnerability to COVID-19 for employees referred for other reasons.

The occupational health professional will indicate the level of vulnerability (the impact on the employee contracting COVID-19) as in the table below. The recommended risk management for each of these four groups is as shown in the following risk matrix. It is recommended that the risk matrix is copied and pasted onto the final page of the report.

Description	Level of risk of severe illness as compared to the general population	Risk mitigation the employer is advised to put in place
Those under 70, who may have underlying health conditions, but based on our occupational health assessment do not have conditions defined in government guidance that would place them in the more vulnerable group if they were to contract COVID-19.	STANDARD (GREEN) 	Social distancing – the standard risk mitigation advised by the government for the population.
Those considered to be more vulnerable to serious illness if they contract COVID-19. These are people over 70, or those under 70 who have an underlying health condition as listed by the government that places them in the more vulnerable group, or who are more than 28 weeks pregnant.	INCREASED (YELLOW) 	Social distancing, stringently applied (the way this is done being specific to each workplace).
There will be some people the occupational health professional making the assessment considers highly vulnerable . These may be those more severely affected by one of the conditions the government advises makes that person more vulnerable, or those who have a combination of conditions that further increases their vulnerability (co-morbidity).	HIGH (AMBER) 	Social distancing stringently applied. We may provide further advice on a case by case basis as needed.
Those considered to be extremely vulnerable . Examples are those being treated for cancer with chemotherapy or radiotherapy, and people with severe asthma (needing hospital admissions or courses of steroid tablets).	VERY HIGH (RED) 	Shielding for 12 weeks, or longer period as advised by government.

In assessing those who may be in the extremely vulnerable group, use the reference at: www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19. These people will usually have received a letter from the NHS. OHPs are also able to advise on whether the employee is extremely vulnerable e.g. whether they have a letter from the NHS. Some may not have received these. There may be rare occasions where the OHP encounters an individual who has been given a letter, but they do not consider they should be in the shielding group.

The report should also provide advice on situations where the individual is not themselves in the highly vulnerable group but lives with someone who is. As set out in the government guidance on shielding as above, provided the household stringently follows the advice on social distancing in this guidance, there is no need for them to also shield alongside the person who is extremely vulnerable. However, if this does cause anxiety for employees, it is recommended the individual discusses with management.

7. Governance, training and audit

It is essential for clinical governance purposes that all those undertaking assessments for vulnerability to inform risk assessment are appropriately trained.

CHECKLIST FOR CLINICAL STAFF UNDERTAKING SHORT TELECONSULTATIONS (COVID-19)

Employee First Name		Date of call	
Employee Surname		Employer	
Clinician		OHP	

Action	Yes / No	Remarks
Test equipment - access to records system, headset, positioning at DSE		
Make call		Record start/finish times
Introduce yourself and ask if you have reached the correct person		
Confirm that the individual understands the purpose of the call regarding COVID-19		Record on Event Notes
Consent to the call commencing?		Record on Event Notes
Confirm correct date of birth and email on clinical record system?		Change data on record system if incorrect; note preferred email
Job role and whether in work		Made entry in Medical Notes on the nature of the work the individual does, and any scope for home working
Clinical history		Made entry in clinical Notes on the nature of the main health conditions, and any impact on their work
Is the individual aged under 70, and with none of the underlying health conditions listed in the government guidance that would make them more vulnerable, or extremely vulnerable?		Assign STANDARD (GREEN) risk category and recommend social distancing. If in doubt on vulnerability, consult ALAMA guidance at: alama.org.uk/covid-19-medical-risk-management/
Are they pregnant, but less than 28 weeks?		Assign STANDARD (GREEN) risk category, but advise employer to undertake risk assessment, and social distancing. Also highlight that will become INCREASED (YELLOW) risk at 28/40. Also give RCOG advice that pregnant health workers be given the choice to stay in patient facing roles
If pregnant, are they more than 28/40 gestation?		Assign INCREASED (YELLOW) risk category and advise stringent social distancing. Highlight RCOG advice home working for healthcare workers more than 28/40 pregnant.
Is the individual aged over 70, but have no underlying health conditions that would make them more vulnerable, or extremely vulnerable?		Assign INCREASED (YELLOW) risk category and recommend stringent social distancing

Do they have a condition that would place them in the more vulnerable group as set out in government guidance?		Assign INCREASED (YELLOW) risk and recommend stringent social distancing
Do they have a condition especially severely that would place them in the more vulnerable group as set out in government guidance?		Consider if need to be assigned a HIGH (AMBER) risk category. Please consult senior OHP and/or ALAMA guidance at: alama.org.uk/covid-19-medical-risk-management/
Do they have more than one condition that would place them in the more vulnerable group, that in combination might make them even more vulnerable.		Consider if need to be assigned a HIGH (AMBER) risk category. Please consult senior OHP and/or ALAMA guidance at: alama.org.uk/covid-19-medical-risk-management/
Are they a healthcare or social care worker in direct patient facing roles?		Also consult PHE guidance for NHS occupational health at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/occupational-health-and-staff-deployment
Have they had a letter from the NHS to advise that they be shielding?		Assign VERY HIGH (RED) risk category and recommend adherence to shielding
Have they not had a letter, but nonetheless are in the extremely vulnerable group as set out in government guidance?		Consider if need to be assigned a VERY HIGH (RED) risk category. Consult senior OHP and/or ALAMA guidance at: alama.org.uk/covid-19-medical-risk-management/
Is there any person that they are living with who is shielding?		Advise the employer of the home situation on the Medical Statement of Fitness for Work, or short report, but note this does not change own risk. Suggest discussion with employer on any concerns over social distancing
As a first option to consider the government advise home working. Consider providing guidance on mitigation measures in the workplace		May include guidance on social distancing at: www.gov.uk/guidance/working-safely-during-coronavirus-covid-19
Confirm consent		Record consent in 'Case Event' as for case management
Generate Medical Statement of Fitness for Work, or shortened occupational health report for those clients that prefer this (most councils)		Using Orchid Live, then complete Medical Statement of Fitness for Work or short report with statement of consent, the level of risk, and risk mitigation measures advised. Examples of both formats are at Appendices B to H
Attach risk table to the report		Copy and paste in table
Upload statement/report		Set reMinder for business support staff to send to employer and employee within 24 hours (or to the employee before the employer as per the employee's consent). Please record on the reMinder: <ul style="list-style-type: none"> - Consent - same time OR before - DOB checked - Email checked - private OR work email - Also indicate if (unusually) the employee asked for their copy to be sent by post

EXAMPLE OF MEDICAL STATEMENT OF FITNESS FOR WORK (TO BE AUTO-GENERATED)

*Medical Statement of Fitness for Work***Employer:** Dummy Company Ltd

[signature should auto-generate]

Employee Name: Buzz Lightyear**Date of Birth:** 1st January 1980

- Name
- Qualifications
- Occupational Physician
- Registered Medical Practitioner with GMC Registration number: [amend as appropriate]

Dear Mr/Ms – [delete this line]

Thank you for referring Buzz Lightyear who had an occupational health assessment by telephone/at our clinic at on 28-MAR-2020.

The purpose of this statement of fitness for work is to advise the employer on fitness for work of their employee named above, pending production of a further occupational health report. - [delete these words]

Based on today's occupational health assessment, the employee is considered: [delete as applicable]

- **Fit for work.** Occupational health professional advice is that the employee is fit to be in work.
- **Not fit for work.** The employee will not be fit for return until/pending occupational health review on [date]

- **Fit for work with adjustments.**

Adjustments will be suggested on an occupational health report, to follow. – [delete these words and specify adjustment; there will not be an occupational health report to follow]

This Statement has been completed by a registered medical practitioner, and this and/or our subsequent occupational health report may be used as medical evidence by the employer for the purposes of paying Statutory Sick Pay to their employee (references are found at the links below).- [delete these words]

References:

Government guidance on coronavirus (main page) at: www.gov.uk/coronavirus

Government guidance on social distancing and vulnerable people at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

Government guidance on protecting the most vulnerable and shielding at: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Social distancing at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

Guidance for GPs, employers, hospital doctors and occupational health practitioners on using fit notes (statements of fitness for work) at: www.gov.uk/government/collections/fit-note

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

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

EXAMPLE OF MEDICAL STATEMENT OF FITNESS FOR WORK (HIGH VULNERABILITY)***Medical Statement of Fitness for Work (HIGH vulnerability)*****Employer:****Employee Name:****Date of Birth:**

X had a further occupational health assessment by telephone on [date]

Based on today's occupational health assessment, the employee is considered:

Fit for work with adjustments, should these be feasible.

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

REMARKS

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

References:

Government guidance on coronavirus (main page) at: www.gov.uk/coronavirus

Government guidance on social distancing and protecting the vulnerable at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

Guidance for GPs, employers, hospital doctors and occupational health practitioners on using fit notes (statements of fitness for work) at: www.gov.uk/government/collections/fit-note

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

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

EXAMPLE OF SHORT REPORT (PREGNANT, LESS THAN 28 WEEKS)

Occupational Health Report

To:

Employer:

Dear [X]

Re:

Date of Birth:

Job title:

Thank you for referring X who I assessed by telephone on X.

Recommendations:

Recommendation on fitness for work

X is fit for work with SOCIAL DISTANCING measures, until she reaches 28 weeks of pregnancy.

Summary of recommendations on adjustments:

Please note that where adjustments are advised, it is for the employer to decide on those which may reasonably be achieved.

Once she reaches 28 weeks of pregnancy, she will be in the INCREASED vulnerability group, for which the government advises STRINGENT SOCIAL DISTANCING. I have attached a link to government guidance on the more vulnerable, and on social distancing measures.

For your guidance, I have attached a link to the advice provided by the Royal College of Obstetricians and Gynecologists for pregnant healthcare workers. If she were for example a nurse, the advice would be that she should be home working from 28 weeks; it is however important to point out that healthcare workers are the people most exposed to the virus.

Until 28 weeks, and based on current evidence, X and her unborn baby will not be likely to be at increased vulnerability to COVID-19 as compared to other employees. Her vulnerability is therefore STANDARD (GREEN). However, in accordance with health and safety legislation in respect to pregnant employees, a risk assessment will be needed, and adjustments would be advised in regard to X.

I understand she has been working from home for the last three weeks. X is not in the extremely vulnerable group, as defined by the government (a link is attached), but as homeworking is advised for all employees wherever possible, my recommendation would be to continue this if feasible. She understands that this is a matter for discussion with the employer.

Recommendation for review:

We should not need to see X routinely but would of course be happy to review her should you request it.

Advice on the likelihood of the applicability of the Equality Act 2010 :

X does not have an impairment that has a substantial impact on her activities of daily living, and that is long term. Although this is ultimately a legal determination, my advice as an occupational physician is that the disability provisions of the Act are unlikely to apply currently.

References

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

Government guidance on social distancing and protecting the vulnerable at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

Royal College of Obstetricians Guidance on COVID-19 and pregnancy at: www.rcog.org.uk/coronavirus-pregnancy

Further information regarding the Equality Act 2010 can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010

Yours sincerely,

EXAMPLE OF SHORT REPORT (STANDARD VULNERABILITY, WORRY OVER FAMILY)

Occupational Health Report

To:

Employer:

Dear [X]

Re:

Date of Birth:

Job title:

Thank you for referring [X] who I assessed by telephone on [X]. In accordance with the consent given at the time of the assessment, Mrs [X] will be sent a copy of this report at the same time this is sent to you as the employer.

Recommendations:

Recommendation on fitness for work

Mrs [X] is fit for work

Summary of recommendations on adjustments:

Please note that where adjustments are advised, it is for the employer to decide on those which may reasonably be achieved.

I can advise that Mrs [X]'s own vulnerability to COVID-19 infection is STANDARD (GREEN), and so she may continue to be employed with standard social distancing measures recommended by the government.

The government recommend that all of us should work from home if this is feasible. Whether this is feasible or not is of course a matter for the employer, based on risk assessment, and the nature of the work that each organisation does.

I note from your email requesting this assessment that Mrs [X]'s role is based in an office (which is now closed to customers). She answers telephone queries whilst practising social distancing with a small number of other employees in the office. She will not be sat within 2m of anyone. My advice is this risk management measure is appropriate, and in line with government guidance, and so I suggest should continue for the duration that the government advise.

She and her husband are anxious about the health of their younger child, who I understand has been in hospital a

couple of times. My advice is that she can still come into work, with the above social distancing measures, and hygiene measures on returning to the home as advised by the government. However, I recommend these concerns are discussed with her.

I have attached links to government and Acas guidance for employers for those employees who have concerns over coming into work but are not themselves more vulnerable to COVID-19 infection.

Recommendations for the employee:

Mrs [X] tells me she and her husband had discussed her not working for the duration of the heightened level of threat. I had explained that the situation is likely to continue until July and may well last longer. The government will advise. Whereas this is a matter for her employer, in general terms it would be usual for the employer to offer unpaid leave if the employee wishes to take time away from work. I have therefore suggested she discuss this with the employer, and that I expect any arrangements will be in line with [X] Council policy.

Recommendation for review:

We should not need to see Mrs [X] routinely but would of course be happy to review her should you request it.

Advice on the likelihood of the applicability of the Equality Act 2010 :

Mrs [X] does not describe an impairment that has a substantial impact on her activities of daily living, and that is long term. Although this is ultimately a legal determination, my advice as an occupational physician is that the disability provisions of the Act are unlikely to apply currently.

References

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

Government guidance for employers and businesses at: www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19

Acas guidance on taking time off work for dependants at: www.acas.org.uk/absence-from-work#dependants

Further information regarding the Equality Act 2010 can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010

Yours sincerely,

EXAMPLE SHORT REPORT (INCREASED VULNERABILITY)*Occupational Health Report***To:****Employer:****Dear [X]****Re:****Date of Birth:****Job title:**

Thank you for referring X who I assessed by telephone on X. In accordance with the consent given at the time of the assessment, Mrs [X] will be sent a copy of this report at the same time this is sent to you as the employer.

Recommendations:

Recommendation on fitness for work

Mrs [X] is fit for work with adjustments in light of her INCREASED level of vulnerability.

Summary of recommendations on adjustments:

Please note that where adjustments are advised, it is for the employer to decide on those which may reasonably be achieved.

I recommend that STRINGENT SOCIAL DISTANCING measures are put in place, as advised in government guidance at the link below.

I note that currently she is principally working from home in her management role. Whereas she is not in the extremely vulnerable group, for whom shielding would be advised, I recommend a risk assessment in order to determine the most appropriate way of working for her.

The level of risk will remain increased for as long as the government advise. Over the coming weeks from a medical perspective she could visit locations if this was essential to your operations. Hygiene and social distancing will remain essential throughout.

Recommendation for review:

We should not need to see Mrs [X] routinely but would of course be happy to review her should you request it.

References

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

Government guidance on social distancing and protecting the more vulnerable at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

Yours sincerely,

EXAMPLE FULL REPORT FORMAT FOLLOWING STANDARD CASE MANAGEMENT REFERRAL (VERY HIGH VULNERABILITY)

Occupational Health Report

To:

Employer:

Dear [X]

Re:

Date of Birth:

Job title:

Thank you for referring Mr [X] who I assessed by telephone as arranged on [X] date. I explained the reason for the assessment and informed consent was taken for this report to be sent. This is based on the following:

- History taken at the assessment
- Your referral

In accordance with the consent given at the time of the assessment, Mr [X] will be sent a copy of this report at the same time this is sent to you as the employer.

Recommendations:

Recommendation on fitness for work

Mr [X] is fit to work with the adjustments and restrictions advised and in place.

Summary of recommendations on adjustments:

Please note that where adjustments are advised, it is for the employer to decide on those which may reasonably be achieved.

I suggest that he works exclusively from home until shielding restrictions are lifted, and the recommended occupational health review has taken place.

To continue the support he has from the [X] and through ongoing contact from the [X].

DSE assessment, with his wife observing, in accordance with HSE guidance at the link below.

Recommendations for the employee:

To strictly follow the shielding advice provided by the government at the link below. Also, when he comes for face to face review, to bring relevant letters from his treating specialists.

Recommendation for review:

I recommend a further occupational health assessment once the government has removed the restrictions on those who require shielding. Please contact our business support staff in the usual way to arrange this appointment at that time. This is most likely to be by telephone.

Summary of history, assessment of capacity for work, and rationale for adjustments

Reason for referral

To advise on the effect of his work on his health.

Job role

As stated in the referral, Mr [X] is a [X] of [X] who has been on office-based duties since April 2018, following his diagnosis of insulin-dependent diabetes.

Summary of medical history

As you have noted, Mr [X] developed diabetes two years ago, initially thought to be Type 2 diabetes, but now requiring insulin. His diabetes has improved over this time and I understand his blood sugar levels were normal when tested in February.

Again as you have noted, he tells me that fortunately the suspected secondary tumours in the liver were benign growths, and therefore the principal problem now is his bowel cancer which has been removed. He will be having a reversal operation at some point in the future, but this will not be undertaken during the current emergency due to the COVID-19 pandemic.

His main symptom at present is due to the peripheral neuropathy, almost certainly due to the chemotherapy he has been on.

Whereas his oncologist will be the appropriate expert to advise him on this, and I understand he has a telephone consultation on 1st April, it is likely that these symptoms could last for some months. If they do persist beyond this time then I could advise further in regard to the impact of these on his work, but in light of his current home working this is not impacting on his work.

He has now received a letter from the NHS informing him that he is in the extremely vulnerable group should he become infected with the COVID-19 virus. I have made recommendations as follows in line with government guidance on shielding. I have attached the appropriate link at the end of this report.

Capacity for work

Mr [X] is fit to work with adjustments.

The principal adjustment is that he works exclusively from home until government shielding restrictions are lifted, and following the recommended occupational health review.

Being in this work will be beneficial to his physical and mental health, and with the continued support he has from the [X] and [X] as a whole, he will be able to sustain this work. I should emphasise that continued contact over the coming weeks and months will be important for his mental health and wellbeing.

He should undertake a display screen equipment (DSE) workstation assessment with his wife observing, in accordance with HSE guidance found at the link below. I would not recommend that a DSE assessor comes to him, in view of shielding restrictions.

I recommend an occupational health review in order to confirm that these restrictions could be lifted, once the government has indicated that shielding measures can end. I will be able to advise on his fitness for work and any further adjustments at that time, and/or at a further occupational health assessment face-to-face at a time when this is appropriate.

Advice on the likelihood of the applicability of the Equality Act 2010

Mr [X] has a condition for which the disability provisions of the Act automatically apply.

Answers to Specific Questions from the Referrer

1) Is [X] fit to be at work in general and with regards to COVID-19 with his underlying health issues?

Yes. However, he is in the extremely vulnerable group, as defined by the government, and so must be shielded for 12 weeks at least. He is working successfully at home and so this should continue until the government advises that shielding restrictions can be lifted. I would advise a further occupational health review at that point.

2) [X] currently works in the main office and deals with callers at the [X] - should this be restricted to working in the back office with no public contact?

In accordance with government guidance, my advice is that he be restricted to home working only, until the recommended review once government restrictions on the extremely vulnerable are lifted.

3) When is [X] likely to be able to return to full duties?

This is not likely for six months, due to his ongoing symptoms. I can advise further at the recommended review, once current government shielding restrictions are lifted.

4) [X] currently works eight-hour shifts between the hours of 0600 and 1800 Monday to Friday. Can [X] work beyond 1800hrs? Could [X] work weekends if required? Should [X] be working these current hours if not?

In view of the fatigue that the condition itself, and the treatment cause, I recommend he does not work beyond 1800 at least until he has the suggested occupational health review. Whereas he could work from home between 0600 to 1800 on a weekend day, in place of week days, when this is essential, it would be important not to exceed 39 hours a week.

5) Are there any specific measures we should be taking with [X] in regards to his health?

It is clear that Mr [X] finds his [X] highly supportive, and this will be a major factor in sustaining him in work, as well as his overall health and wellbeing. Working from home (as opposed to not working) will also be supportive for his physical and mental health. This can be done safely with the adjustments recommended. He should undertake a DSE assessment with his wife observing, in accordance with HSE guidance at the link below.

We did discuss the need for a review of his fitness for role once he has recovered from the conditions and the effects of the treatment. For the time being however, working from home, shielded from the COVID-19 virus, is recommended pending occupational health review.

References

Government guidance on coronavirus (main page) at: www.gov.uk/coronavirus

Government guidance on protecting the most vulnerable and shielding at: www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Macmillan information on peripheral neuropathy at: www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/peripheral-neuropathy

Supporting those who have had cancer at work at: www.macmillan.org.uk/cancer-information-and-support/get-help/help-with-work/employees

HSE guidance on display screen equipment (DSE) workstation assessment at: www.hse.gov.uk/pubns/ck1.htm

Further information regarding the Equality Act 2010 can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010

EXAMPLE OF [X] FULL REPORT MAKING A STATEMENT ON COVID-19

*Occupational Health Report***To:****Employer:****Dear [X]****Re:****Date of Birth:****Job title:**

Thank you for referring Mr [X] who I assessed by telephone as arranged on [X] date. I explained the reason for the assessment and informed consent was taken for this report to be sent. This is based on the following:

- History taken at the assessment
- Your referral

In accordance with the consent given at the time of the assessment, Mr [X] will be sent a copy of this report at the same time this is sent to you as the employer.

Recommendations:

Recommendation on fitness for work

Mrs [X] is fit for work

Summary of recommendations on adjustments:

Please note that where adjustments are advised, it is for the employer to decide on those which may reasonably be achieved.

1. To continue her return to work on a gradual basis as you have arranged.
2. To discuss the concerns she has over travelling between kitchens she is covering.
3. Please provide her with details of the Council's counselling service.
4. To note that she is at the STANDARD level of vulnerability to COVID-19. Social distancing measures as for all employees should continue for as long as the government advise.

Recommendations for the employee:

I have provided a link to online cognitive behaviour therapy (CBT) that may be helpful.

Recommendation for review:

We should not need to see Mrs [X] routinely but would of course be happy to review her should you request it.

Summary of history, assessment of capacity for work, and rationale for adjustments*Reason for referral*

To advise on her levels of stress, and on long-term absence.

Job role

I note from the referral that Mrs [X] has been employed as a [X] since [X], on [X] hours per week.

My understanding from her is that this is a special needs school, where she only covers lunchtimes. I understand that she has also been covering work in other kitchens.

She previously worked at [X] Bank, having been made redundant on branch closure.

Summary of medical history

Having explored her medical history with her, although she describes herself as a 'cautious worrier', there does not seem to be an underlying mental health condition. Regarding her physical health, she feels she may be going through the menopause, and this may potentially be contributing. I have therefore attached a link to guidance on this. She does not have diabetes or asthma, or any other condition that would make her more vulnerable to COVID-19.

There are some difficulties with transport if she covers different kitchens, but otherwise she tells me she is happy in the role.

As you stated in the referral, the main issue is worry about her daughter, who I understand is being treated for her problems at [X]. Her concerns do seem to have improved a little now that her daughter has an unconditional place in college.

Mrs [X] is not on medication.

She has gone back to work, and her GP has suggested counselling. I also suggested that the counselling available through the Council may be helpful.

Capacity for work

Mrs [X] is fit for work

My understanding is that you have agreed that she returns to work on a gradual basis and I would recommend that this continues in line with that which has been arranged.

As there are some anxieties over travelling to cover different kitchens I would recommend discussing this concern she has with her.

I would recommend that she be provided with details of the Council's counselling service.

I have also provided a link to a free online cognitive behaviour therapy (CBT) resource that she may find helpful.

I also assessed her vulnerability to COVID-19. She has no underlying health conditions that would make her more vulnerable. She should be at the STANDARD level of vulnerability as for the general population. Social distancing measures as for all employees should be continued for as long as the government advise.

Advice on the likelihood of the applicability of the Equality Act 2010

Mrs [X] does not have an impairment that has a substantial impact on her activities of daily living, and that is long term. Although this is ultimately a legal determination, my advice as an occupational physician is that the disability provisions of the Act are unlikely to apply currently.

Answers to Specific Questions from the Referrer

1) Accounting for the fact that [X]'s reason for absence is exacerbated by external pressures and her ability to balance work, when is [X] likely to be fully fit and able to return to work reliably and regularly?

As advised above, Mrs [X] is fit for work. With the help of counselling I expect that she will be able to work reliably and regularly.

2) Do you feel from the information provided whether [X] can balance both the pressures from home and her responsibilities in work for her current role?

Yes. Having counselling will I expect assist with this, and this is the reason that I have recommended that she be provided with the contact details for the Council's counselling service.

3) Please advise on any other support we could consider for [X] to help her sustain work successfully?

My understanding is that she is being returned back to work gradually. I would recommend she continues to have support from line management, as arranged in the context of the current social distancing restrictions.

References

Online CBT course: littf.com/

Guidance for employers on the menopause at: www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-health-problems-in-the-workplace/advice-on-the-menopause

Government guidance on coronavirus (main page) at: www.gov.uk/coronavirus

Government guidance on social distancing and vulnerable people at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing

Government guidance for employers and businesses at: www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19

ANNEX 7. FREQUENTLY ASKED QUESTIONS

I have an employee with asthma; do they need to self-isolate for 12 weeks?

Not usually. An area that has caused difficulty is to define what is meant by 'severe asthma'. The Faculty of Occupational Medicine (FOM) advises:

- Members of staff with severe asthma+ (hospital diagnosed) including those requiring biologic treatments, maintenance oral corticosteroids or other immunosuppressants - it is recommended that they self-isolate at home as per the current PHE guidance.
- For members of staff taking high-dose inhaled steroids alongside additional controller treatments for their asthma who have suffered two or more asthma exacerbations requiring oral steroids over the past year and continue to experience frequent asthma symptoms requiring use of their reliever medication, line managers should strongly consider reallocation away from front-line duties.
- Members of staff with mild asthma that is well controlled are not at high risk.

Is an employee with a disability as defined in the Equality Act 2010 more vulnerable to COVID-19, and should they be off work at home for 12 weeks?

Not specifically as a result of having an impairment that meets the disability provisions of the Act. An employee may have a condition causing an impairment, and not be at an increased risk, whereas others who do not have a disability may still be at increased risk (e.g. those who are pregnant, and people over 70 without a disability).

Only if a person has a condition, as defined in the government's guidance, that makes them extremely vulnerable to COVID-19 should they be shielded (for 12 weeks at least).

What do we do for an employee who is not in the 'extremely vulnerable' group, but is worried about being in work?

We have spoken with a small number of people who are not in the extremely vulnerable group, as defined by the government, but are worried about coming into work, either due to their own health, or because they live with someone who is vulnerable. Whereas government guidance is that employees should work from home wherever possible, for many employers this is not feasible for most of their employees.

Acas provide guidance for employers at: www.acas.org.uk/coronavirus Acas also advise at: www.acas.org.uk/coronavirus/vulnerable-people-and-high-risk that employers must be especially careful and take extra steps for anyone in their workforce who is in a vulnerable group.

The government has also published guidance for unpaid carers (usually family members): www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family

Should a healthcare worker who is pregnant work in a patient facing role in pregnancy?

Yes, if she is less than 28 weeks, and has no underlying health condition, has been given the option of not working in a patient facing role, and has chosen to do so. Risk is considered low to mother and baby, as stated in the Royal College of Obstetricians and Gynaecologists (RCOG) guidance at: www.rcog.org.uk/coronavirus-pregnancy

The government however recommend at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/occupational-health-and-staff-deployment that they **should not be employed** in areas used for care of those who have, or are clinically suspected of having, COVID-19; or, in primary care, in clinics set up to manage people with COVID-19 symptoms.

No, if they are more than 28 weeks, when evidence suggests there may be a greater risk to the mother. RCOG advise home working from 28 weeks as the first preference, or a non-patient facing role where home working is not feasible.

This **guidance** will inform risk assessment for healthcare (and other) workers, it is for the employer to **decide** based on risk assessment as informed by RCOG guidance at: www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-occupational-health.pdf

What PPE should our staff be using and where can I get this from?

Use of PPE is a control measure determined by risk assessment and identifying risk mitigation measures in accordance with the usual hierarchy of controls. Social distancing is higher in this hierarchy than PPE, but for some workers PPE will be needed to control risk.

The government has published a 'one stop shop' personal protective equipment (PPE) hub at: www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe

In this guidance PPE is advised for health and social care settings. The risk is highest for health and social care workers, as they are more exposed to COVID-19; especially those undertaking aerosol generating procedures and/or those looking after those known or suspected to have COVID-19. For other workers and sectors, the government advise there is very little scientific evidence of widespread benefit from PPE. Employers are advised to:

- where possible, alter business-as-usual ways of working to ensure social distancing can take place. In some circumstances this could involve the erection of physical 'splash barriers' to decrease staff anxiety, or redesign of customer flows to minimise contact opportunities
- ensure staff are aware and signs are visible in the workplace reMinding employees and customers not to enter the premises if they have COVID-19 symptoms such as a high temperature or persistent cough (or a member of their household displays symptoms) and to avoid touching their eyes, nose and mouth with unwashed hands
- that employees are provided with regular breaks to allow them to wash their hands for 20 seconds. Break areas and break times should also be set up to allow for social distancing to occur to minimise contact during these times

How can we best implement social distancing in the workplace?

The government provides guidance on the principles of social distancing in the workplace at: www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19, and provides sector specific examples at: www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance

- make regular announcements to remind staff and/or customers to follow social distancing advice and wash their hands regularly
- encourage the use of digital and remote transfers of material where possible rather than paper format, such as using e-forms, emails and e-banking
- provide additional pop-up handwashing stations or facilities if possible, providing soap, water, hand sanitiser and tissues and encourage staff to use them
- where it is possible to remain two metres apart, use floor markings to mark the distance, particularly in the most crowded areas (for example, where queues form)
- where it is not possible to remain two metres apart, staff should work side by side, or facing away from each other, rather than face to face if possible
- where face-to-face contact is essential, this should be kept to 15 minutes or less wherever possible
- as much as possible, keep teams of workers together (cohorting), and keep teams as small as possible

It is important there is consultation with employees and their reps. This will be crucial to finding effective solutions in which staff have confidence.

We run a special setting where social distancing is very difficult to implement. Should all those who are more vulnerable stay at home?

No, not necessarily, unless they are extremely vulnerable. The government provides guidance at: www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings

For staff with an [underlying health condition](#), settings should make a risk assessment based on their personal circumstances and the roles they play within the setting. Many will be able to work normally, while being particularly careful to follow [social distancing measures](#). If someone in the setting is showing symptoms of coronavirus (COVID-19), staff with an underlying health condition should be redeployed to work in roles which mean that they are not in contact with potential coronavirus (COVID-19) cases.

Staff whose health [makes them extremely vulnerable](#) should follow shielding guidance.

REFERENCES

Government guidance on coronavirus (main page) at: www.gov.uk/coronavirus

HSE guidance on COVID-19 at: www.hse.gov.uk/news/coronavirus.htm

HSE guidance on risk management at: www.hse.gov.uk/risk/controlling-risks.htm

Government 'one stop shop' personal protective equipment (PPE) hub at: www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe

RIDDOR reporting of COVID-19 contracted at work at: www.hse.gov.uk/news/riddor-reporting-coronavirus.htm

HSE guidance on protecting those working from home at: www.hse.gov.uk/toolbox/workers/home.htm

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

Government guidance on protecting the most vulnerable and shielding at: www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Social distancing at: www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing

Social distancing in the workplace during coronavirus (COVID-19) sector guidance at: www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance

Government self-isolation guidance for people and households with symptoms is at: www.gov.uk/government/publications/covid-19-stay-at-home-guidance

NHS guidance at: www.nhs.uk/conditions/coronavirus-covid-19/

NHS (111) online at: 111.nhs.uk/service/covid-19

Acas guidance: www.acas.org.uk/coronavirus

Acas guidance on those who are vulnerable at: www.acas.org.uk/coronavirus/vulnerable-people-and-high-risk

Government COVID-19 testing strategy at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878121/coronavirus-covid-19-testing-strategy.pdf

Government guidance on how essential workers can get tested for COVID-19 at: www.gov.uk/guidance/coronavirus-covid-19-getting-tested

Government guidance on test and testing kits is at: www.gov.uk/guidance/guidance-on-coronavirus-covid-19-tests-and-testing-kits

PHE guidance on COVID-19 testing at: www.gov.uk/guidance/coronavirus-covid-19-getting-tested

Government guidance for employers and business at: www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19

Guidance for specific sectors at: www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance

Guidance for local authorities is at: www.gov.uk/guidance/coronavirus-covid-19-guidance-for-local-government

Guidance for schools and other educational settings at: www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings

Advice for university/college halls of residence and residential school settings at: www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings

Guidance on vulnerable children at: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services>

Guidance for shipping and seaports at: www.gov.uk/government/publications/covid-19-shipping-and-sea-ports-guidance

Guidance for the transport sector including poster at: www.gov.uk/government/publications/covid-19-guidance-for-staff-in-the-transport-sector

Guidance for places of detention at: www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance

Government direction on businesses to close at: www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance

Guidance for unpaid carers (usually family members): www.gov.uk/government/publications/coronavirus-covid-19-providing-unpaid-care/guidance-for-those-who-provide-unpaid-care-to-friends-or-family

Guidance for health professionals and other organisations at: www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance

NHS England guidance for healthcare professionals as at: www.england.nhs.uk/coronavirus

NHS Employers advice (for employers of NHS staff) at: www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/annex-2-supporting-our-vulnerable-staff.pdf

Faculty of Occupational Medicine and the Royal College of Physicians guidance on implications and adjustments for healthcare staff with underlying health conditions at: www.fom.ac.uk/wp-content/uploads/Healthcare-staff-with-underlying-health-conditions-FOM-FINAL-1.pdf

For pregnant employees and their employers, Royal College of Obstetricians and Gynaecologists guidance at: www.rcog.org.uk/coronavirus-pregnancy

Royal College of Obstetricians and Gynaecologists guidance for healthcare employers and occupational health professionals supporting healthcare staff on pregnancy and COVID-19 at: www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-occupational-health.pdf

Government guidance on COVID-19 Infection Prevention and Control at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Government guidance for occupational health in the NHS at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/occupational-health-and-staff-deployment

Association of Local Authority Medical Advisors (ALAMA), link at: alama.org.uk/covid-19-medical-risk-management/

Guidance for employees at: www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19

Guidance for employees on furlough at: www.gov.uk/guidance/guidance-and-support-for-employees-during-coronavirus-covid-19

Asthma UK guidance on shielding at: www.asthma.org.uk/coronavirus/

Public Health England resources on hand washing (posters) at: campaignresources.phe.gov.uk/resources/campaigns/101/resources/5016

Public Health England resources on home isolation (posters) at: campaignresources.phe.gov.uk/resources/campaigns/101/resources/4992

HSE checklist for display screen equipment (DSE) workstation assessment at: www.hse.gov.uk/pubns/ck1.pdf

Government guidance on mental health at this time at: www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19

Mind mental health resource at: www.Mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing/

Advice on looking after the mental health of children and young people at: www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak

Government advice on travel is at: www.gov.uk/guidance/travel-advice-novel-coronavirus

Government advice to people on return to the UK from overseas at: www.gov.uk/guidance/travel-advice-novel-coronavirus#when-you-return-to-the-uk-protect-yourself-and-others



Supporting occupational health
and wellbeing professionals