



Society of Occupational Medicine Covid-19 summary update 18 March 2020

Concerns about the outbreak should be referred to the relevant DHSC/PHE pages on the websites below: <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> and <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

Useful resources:

SOM facilitated this article, published yesterday: [Coronavirus: how should occupational health support its mental health effects?](#)

MSK and home working - Advice on the HSE website, specifically taking into account the current move towards home working (<https://www.hse.gov.uk/toolbox/workers/home.htm>).

NHS Practitioner health - <https://www.practitionerhealth.nhs.uk/dr-tool-box>

Royal Medical Benevolent Fund - The RMBF offers support for doctors facing hardship due to age, illness, injury, disability or bereavement. If you are already facing hardship, or if the current situation is making existing problems worse, we would urge you to [get in touch](#) as you may be eligible for help.

Guidance for health professionals - <https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

Guidance on social distancing and for vulnerable people - Those who are at increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures. This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) respiratory diseases, such as [asthma](#), [chronic obstructive pulmonary disease \(COPD\)](#), emphysema or [bronchitis](#)
 - chronic heart disease, such as [heart failure](#)
 - [chronic kidney disease](#)
 - chronic liver disease, such as [hepatitis](#)
 - chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
 - [diabetes](#)
 - problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed
 - a weakened immune system as the result of conditions such as [HIV and AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#)
 - being seriously overweight (a body mass index (BMI) of 40 or above)
 - those who are pregnant

“The PHE guidance doesn't differentiate for COVID 19 purposes but does state if you usually get the flu jab then you would be considered "vulnerable". An asthmatic who only medicates with infrequent beta 2 agonist (salbutamol only not LABA) use would not automatically get the flu jab so does not fit the COVID 19 criteria. It is only recommend for asthmatics in the previously stated group, ICS/oral steroid/hx of hospital admission, hence applying this criteria to COVID 19 description of asthmatic”. From Jisc mail

If a person has symptoms they have to isolate for 7 days regardless of whether there are others in the house or not. If someone develops symptoms and there are others in the house then those people must also isolate themselves as a family and those without symptoms must be in isolation for 14 days. The advice can be found at <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

and stay at home draft advice sheet here.

[file:///C:/Users/Nick%20Pahl/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/DMA3DB1U/Stay_at_home_guidance_diagram%20\(002\).pdf](file:///C:/Users/Nick%20Pahl/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/DMA3DB1U/Stay_at_home_guidance_diagram%20(002).pdf)

Summary of advice

Group/ Action	Wash hands more often	Household isolation for 14 days*	Self - isolation for 7 days**	Social mixing in the community***	Having friends and family to the house	Use remote access to NHS and essential services****	Vary daily commute and use less public transport	Home working
0 – 69	Yes	Yes	Yes	Advised against	Advised against	Advised	Advised	Advised
70+	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Any age Member of vulnerable group with an underlying health condition ¹	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Pregnant women	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Those with serious underlying health conditions	As above, but further bespoke guidance will be provided by the NHS next week							

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

Guidance for infection prevention and control in healthcare settings - Hand Hygiene – An extract of a few reminders before performing hand hygiene:

- expose forearms (bare below the elbows);
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene);
- ensure fingernails are clean, short and that artificial nails or nail products are not worn;
- cover all cuts or abrasions with a waterproof dressing.

Where no running water is available or hand hygiene facilities are lacking, such as in a patient's home, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

Guidance for employers - updated 18 March 2020

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>

COVID-19: guidance for businesses - updated 18 March 2020

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses>

Guidance for employees - updated 18 March 2020

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-guidance-for-employees>

Guidance from HSE regarding statutory health surveillance - Instructions are awaited from the HSE and will be disseminated once received. Please remember that Health Surveillance is a statutory requirement. Several organisations who have already ceased routine face to face health surveillance on the basis that they do not want to put their staff at risk. Clearly that is their prerogative, but it will be employers who may at risk of action from HSE.

Guidance for conducting remote consultations - During the COVID-19 pandemic it is very likely that you will be asked to minimise your contact with others. If you do not have experience of conducting remote consultations, then you should get up to speed with doing so in terms of practicalities and working out what technology will help. Remote consultations can be carried out via telephone calls, Skype, WhatsApp or similar platforms. When using a remote connection, consideration should be given to any potential limitations of the medium used and clinicians should continue to meet their obligations in Good Medical Practice. Furthermore, pay attention to your immediate environment and ensure that patients can only see you working in a professional environment.

Examples of work which should not be deferred - The statutory Duty of Care has not altered, including that for Health Surveillance, however confirmation on advice regarding spirometry is pending

Examples of work which can be deferred - Non-essential works such as health promotion days

Home working advice from ACAS - Where work can be done at home, the employer could:

- ask staff who have work laptops or mobile phones to take them home so they can carry on working
- arrange paperwork tasks that can be done at home for staff who do not work on computers

If an employer and employee agree to working from home, the employer should:

- pay the employee as usual
- keep in regular contact
- check on the employee's health and wellbeing

Ref <https://www.acas.org.uk/coronavirus>

Advice for pregnant employees - Pregnant healthcare professionals In response to several questions received from concerned pregnant healthcare professionals, we acknowledge the anxiety caused by the limitations of available information. To the best of our present knowledge, pregnant healthcare professionals are no more personally susceptible to the virus or its complications than their non-pregnant colleagues. However, infection with COVID-19 may pose some risks to a pregnant woman's unborn baby: there is a possible risk of fetal growth restriction (section 4) and a risk of premature birth for the health of the mother and baby, should the mother become seriously unwell. We therefore advise all pregnant healthcare professionals, especially those in high risk areas, to discuss their individual circumstances with their local Occupational Health department.' <https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-infection-in-pregnancy-v2-20-03-13.pdf>

Pregnant women who can work from home should do so. If you can't work from home, if you work in a public-facing role that can be modified appropriately to minimise your exposure, this should be considered and discussed with your occupational health team.

More detailed advice for pregnant women, including those who cannot work from home, such as healthcare workers, is being developed and will be made available as soon as possible.

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy>

Mental Health and Covid-19 - Document by Professor Neil Greenburg, Kings College London reviewed by the Mental Health SIG on SMO Website

Advice regarding vaccination clinics - Legislation regarding this has not changed: 'Under the Health and Safety at Work Act (HSWA) 1974, employers, employees and the self-employed have specific duties to protect, so far as reasonably practicable, those at work and others who may be affected by their work activity, such as contractors, visitors and patients. Central to health and safety legislation is the need for employers to assess the risks to staff and others.'

'The Control of Substances Hazardous to Health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH), and to bring into effect the measures necessary to protect workers and others from those risks as far as is reasonably practicable.'

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf

Advice from GOV.UK regarding sick pay

- Will my employer be obliged to pay me while I stay at home? Statutory Sick Pay will be paid from day 1 instead of day 4 for those affected by coronavirus
- What about if I have a zero hours contract? You may be entitled to Statutory Sick Pay. Check with your employer if you're unsure.
- If you're not entitled to Statutory Sick Pay, you may be able to apply for [Universal Credit](#) or [Employment and Support Allowance \(ESA\)](#).
- What about if I'm self-employed? You can [apply for Universal Credit](#).

Ref <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-guidance-for-employees>

If you have a workplace problem, you can call the Acas helpline <https://www.acas.org.uk/contact>

Other

"Could virus-containing aerosols be transferred through building systems, e.g., ventilation or dry p traps?"

A more expansive response from one of our very experienced experts in aerosol science and occupational medicine:

"I have not seen any official advice on this, and certainly the main emphasis is transfer by touch to and from surfaces and then to the mouth. However, from first principles I think that the virus must be capable of transfer through ventilation systems or dry traps, unless there is a physical barrier to stop it.

A small droplet will evaporate quickly even in high humidity, so a droplet say 100 micrometres (ie 0.1 mm) in diameter originating from a sneeze or cough will evaporate until only the solid or non-volatile material remains, which might be a few micrometres diameter. A particle of that size will only fall at a mm/sec or so, which means that it will take about half an hour to fall from head height. It will therefore in practice be transported with any ventilation air. (The same thing happens with dust particles of respirable size, such as silica or asbestos.) A virus-carrying particle could then be inhaled and might infect.

However, I have no idea of the probability of this happening, eg how many virus particles are in an exhaled droplet, and how many are required to initiate an infection, and what the concentration of airborne contaminated particles might be at the end of a ventilation system.

I suggest that the reply should make the points:

A virus-containing particle emitted in a sneeze or cough might be small enough to remain airborne for half an hour or more.

There is recently-published evidence that the virus could remain viable for several hours.

It is therefore reasonable to expect that airborne particles with viable aerosol could be moved through a ventilation system unless there was some kind of arrestment system to stop them.

We do not know what the probability is of infection occurring in this way.

Sources:

On the evaporation and transport of airborne particles: Any standard text, such as 'Aerosol technology' by WC Hinds (Wiley-Interscience, 2nd Edn 1999)

Survival of the virus: Dremalen et al, New England Journal of Medicine, 17 March

2020. https://www.nejm.org/doi/10.1056/NEJMc2004973?fbclid=IwAR2701XWFGCvSD5zfxuHbXkIJN_bqLWx3bzoLlfqusK-eVL1uvybj67GOGE

Source – BOHS

Outstanding issues

Role of OH professionals in testing