

COVID 19 FAQ Sheet for managers



Daily updates in green

It is hoped that these FAQ's will answer your questions but if not then we advise that a referral is made to Occupational Health so that a bespoke assessment can be undertaken and a management report provided. Please view this document alongside the risk assessment in the OHIO COVID 19 portal. At the end of this guidance sheet are algorithms to support your decision making for both vulnerable and non-vulnerable employees.

PLEASE VIEW PAM'S RISK ASSESSMENT found in OHIO COVID Portal

Please also view a COVID 19 point checklist built for employers:

<https://www.atworkpartnership.co.uk/wordpress/wp-content/uploads/2020/03/13-14-covid-1-1.pdf>

CIPD have made all their COVID resources including webinar's free <https://www.cipd.co.uk/news-views/coronavirus>

Questions

- 1. Distancing guidance has changed. Guidance found here which includes work**
<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing>
 The government has produced guidance on reopening different industries with advice on how to remain safe here <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>. PAM can undertake an RTW needs risk assessment for those who are re-opening and/or bringing people back from furlough/home working. Please ask your contract manager for our PREP plan
- 2. My employee is required to handle post and packaging – some is sent to their home**
 There is no extra risk in handling post or packages. The risk of coronavirus (COVID-19) cross-contamination to food and food packaging is very low.
- 3. My employee has a safety concern**
<https://www.cqc.org.uk/contact-us/report-concern/report-concern-if-you-are-member-staff>
 - CQC is encouraging staff members to speak up
- 4. My employee has been self-isolating when can they return to work?**

Stay at Home guidance for households: current guidelines illustrated

Criteria and guidance applied as of 17/03/2020:

Incubation period = maximum 14 days

Day 1 is the first day of symptoms

The 14-day period starts from the day when the first person in the house became ill

If you live with others and you are the first in the household to have symptoms of coronavirus, then you must stay at home for 7 days

If anyone else in the household starts displaying symptoms, they stay at home for 7 days from when their symptoms appeared, regardless of what day they are on in the original 14-day isolation period.

Household members who remain well stay in self isolation for 14 days due to maximum incubation period, calculated from day 1 of first symptomatic person

Household members do not need to restart the clock if other members become symptomatic during the 14 days self-isolation

DAY		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Example household 1	A	X							✓													
	B				X																	
	C																					
	D																					
Example household 2	A	X							✓													
	B				X																	
	C																					
	D																					

Key: X = when illness started - first day of symptoms
 ✓ = allowed to go out again

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Symptomatic or positive for COVID 19 staff can return to work on day 8 after the onset of symptoms if clinical improvement has occurred and they have no temperature (48 hours for health care workers). If a cough is the only persistent symptom on day 8, they can return to work. Post-viral cough is known to persist for several weeks in some cases

5. How do I go about getting my team tested?

Anyone age over 5 can be tested if they have symptoms of continuous cough or fever (37.8) or anosmia i.e. loss of smell and taste. [Book here](https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/)

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/> Essential and key workers and their families can have priority testing and this may include where they do not have symptoms. The list of key/essential workers has been published on this web link:

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#essential-workers>.

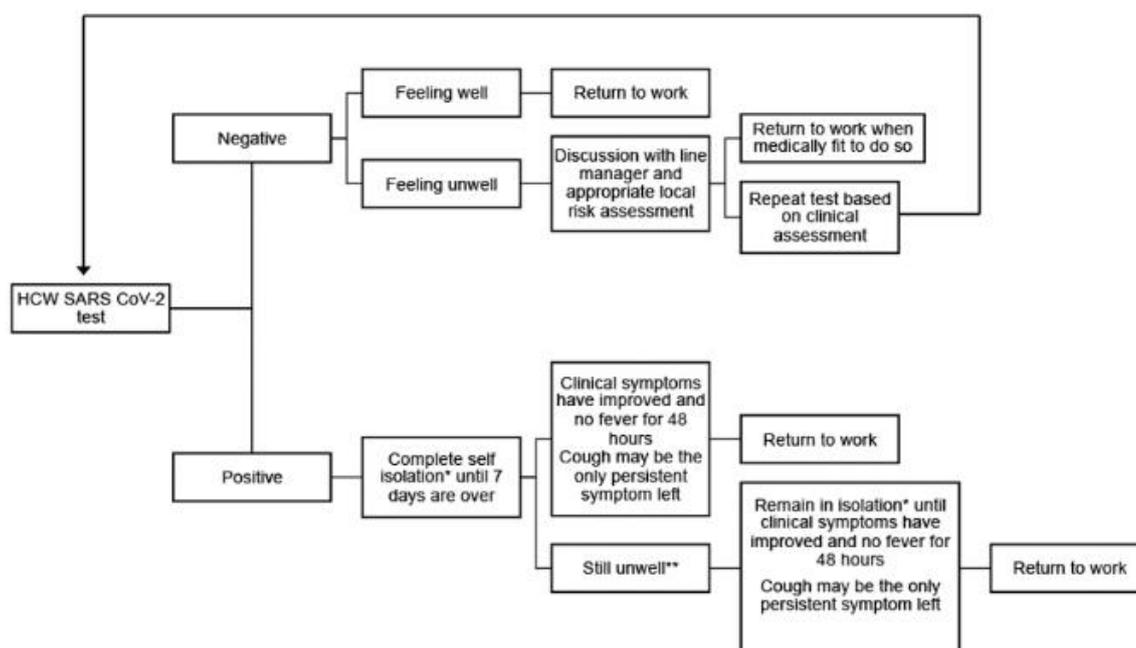
We in PAM can help with provision of results and follow up of those tested

<https://www.gov.uk/guidance/guidance-on-coronavirus-covid-19-tests-and-testing-kits>

6. My employee has been tested – what is the return to work guidance

Pathway for return to work following SARS-CoV-2 test - PAM can provide advice and support on a return to work: -

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>



7. If your employee previously tested positive for coronavirus (COVID-19) and has another episode of symptoms, do they need to self-isolate again?

If the result was positive or clinically very likely to have been COVID 19, they will probably have developed immunity to coronavirus. The new symptoms are very unlikely to be due to coronavirus (COVID-19) and therefore they and their household do not need to isolate. However, if another person in the household develops symptoms and they have not previously tested positive for coronavirus (COVID-19), then they need to isolate along with

all other members of the household except for your employee (as you have already tested positive).

If they are concerned about a new possible coronavirus (COVID-19) symptoms (a new, continuous cough or a high temperature), use the 111-coronavirus service or call NHS 111.

8. What do I do about health surveillance for my employees?

The HSE guidance plus other specialist groups such as UK OG; MCA for ENG medicals have enabled health discussions to be telephonic or medicals to be postponed during the current crisis <https://www.hse.gov.uk/news/health-surveillance-coronavirus.htm>. Please discuss with your contract manager. We will be phasing a return as soon as it is feasible to do so. The DVLA has updated the guidance for D4 medicals and as long as the driver is well; the licence can be extended for 12 months without a D4 medical.

<https://www.gov.uk/government/news/government-takes-further-action-to-support-bus-and-lorry-drivers-who-are-keeping-the-country-moving>

9. I need advice on my employee's fitness for work?

Create an OH management referral for bespoke advice

10. My employee has symptoms of a cold or respiratory infection – is this Coronavirus?

If they have a fever $\geq 37.8^{\circ}\text{C}$ and / or a persistent cough and/or anosmia (a loss of smell and taste) they need to contact **NHS 111** online <https://111.nhs.uk/covid-19>

11. Covid-19 as a notifiable disease and RIDDOR reporting

<https://www.gov.uk/government/news/coronavirus-covid-19-listed-as-a-notifiable-disease>.

However please review this advice from HSE on RIDDOR reporting

<https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm>

In a work situation, it will be difficult, for employers to establish whether or not any infection in an individual was contracted as a result of their work. Therefore, diagnosed cases of Covid 19 are not reportable under RIDDOR unless a very clear work-related link is established. In some very limited circumstances, where an individual has either been exposed to or contracted Covid 19 as a direct result of their work, those instances could become reportable under RIDDOR either as a Dangerous Occurrence (under Regulation 7 and Schedule 2, paragraph 10) or as a disease attribute to an occupational exposure to a biological agent (under Regulation 9 (b)). Read about RIDDOR [regulation 9 \(b\) on legislation.gov.uk](https://www.legislation.gov.uk)

The Chief Coroner has published Guidance No 37 on Covid 19 deaths and possible exposure in the workplace. It states that if a medical practitioner suspects that a person's death was due to an injury or disease attributable to any employment held during the person's lifetime there should be a report to the coroner. This may include front line NHS staff as well as those working in public transport, care homes and emergency services. If the medical cause of death is Covid 19 and there is no reason to suspect that culpable human failure contributed TO THE PARTICULAR DEATH there will usually be no requirement for an investigation to be opened.

12. Data protection

The ICO recognises the unprecedented challenges we are all facing during the Coronavirus (COVID-19) pandemic. They know you might need to share information quickly or adapt the way you work. Data protection will not stop you doing that. It's about being proportionate - if something feels excessive from the public's point of view, then it probably is.

And the ICO is here to help. If you need more help, call on 0303 123 1113.

<https://ico.org.uk/for-organisations/data-protection-and-coronavirus/>. The purpose for which the government is processing personal data is to operate the department's response

to the coronavirus (Covid-19) public health epidemic. This will involve the dissemination and gathering of information. <https://www.gov.uk/government/publications/privacy-notice-for-covid-19-response-activity/privacy-notice-for-covid-19-response-activity>

13. My employee doesn't want to come in to work

Some people might feel they do not want to go to work if they're afraid of catching coronavirus. This could particularly be the case for those who are at higher risk.

An employer should listen to any concerns staff may have and should take steps to protect everyone. For example, they could offer extra car parking where possible so that people can avoid using public transport. If an employee still does not want to go in, they may be able to arrange with their employer to take the time off as holiday or unpaid leave. The employer does not have to agree to this.

If an employee refuses to attend work without a valid reason, it could result in disciplinary action. <https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others#going-to-work>

14. My employee has underlying health conditions however I need them to attend work; what shall I do?

Undertake a risk assessment (found in the COVID Portal in OHIO); if you continue to have concerns please refer to OH for an assessment

15. I think my employee is a vulnerable person and I am unsure about them being at work?

Are they normally offered a flu vaccine via the NHS?

<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>

16. I believe my employee may be very high risk and need to self-isolate (shielded person)?

Those in the very high-risk group (Shielded group) are advised to stay at home for 12 weeks **from receipt of letter or at least till the end of June.**

The most vulnerable group includes (updated 17 4 20):

- Solid organ transplant recipients.
 - People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
 - People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
 - People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe combined immunodeficiency (SCID), homozygous sickle cell).
 - People on immunosuppression therapies sufficient to significantly increase risk of infection.
 - Women who are pregnant with significant heart disease, congenital or acquired.
- However, with more complex conditions you may wish to obtain an OH opinion via a management referral to inform your risk assessment

<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>

17. My employee lives with a vulnerable person and I am unsure whether they should be in work?

If feasible, the person should work from home but if not feasible then stringent social distancing should apply both in the home and at work. A risk assessment is advised – see “Risk Assessment” in PAM’s OHIO Portal on the front page “COVID 19” Guidance documents - <https://www.pamgroup.co.uk/covid-nineteen> or consider a referral to OH for further advice. Evidence from their GP should be obtained if they are in the extremely vulnerable or shielded group. <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>

18. What support could I provide to higher risk employees where I am unable to provide home working (Social distancing in the work place)

Please read the risk assessment guidance found here <https://www.pamgroup.co.uk/covid-nineteen> under ‘risk management’ and have a look at the algorithms below. Other than the suggestions in paragraph 6. Consider changing start and finish times to reduce the risk of coming into contact with people less than 6 feet apart; use of separate cups and utensils; different break times so as to avoid people; desks 6 feet apart; a different entrance; access to hand gel and cleaning materials for surfaces; a separate office; video meetings etc. Government guidance on social distancing in the workplace was updated on the 7th April <https://www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance> which includes advice on shift working and staggering work processes

19. Should I provide masks to high risk individuals or just in general

If the risk assessment identifies your employee as at higher risk and/or you cannot maintain a 2M distance then it is advised that a fluid resistant or repellent mask is provided. Please provide guidance to your employees on how to put this on and take off as well as how to dispose of it. PAM can support with this. Consider a face covering when using public transport to get to work, or are visiting a busy enclosed space where you can’t social distance such as a crowded shop.

<https://publichealthmatters.blog.gov.uk/2020/01/23/wuhan-novel-coronavirus-what-you-need-to-know/>

20. What PPE (Personal protective equipment) should I provide

Those most at risk within the UK are professionals working in health and social care sectors. This updated guidance gives an overview of infection prevention and control; PPE to use in aerosol generating procedures and non-aerosol generating procedures plus secondary; social; primary community; ambulance etc. settings as well as in ANY setting

<https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe?> .

Home care workers now have clear guidance on PPE use

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881296/Domiciliary_care_guidance_final.pdf

21. What if my staff member was exposed at work?

HCWs who come into contact with a COVID-19 or suspected COVID-19 patient while not wearing personal protective equipment (PPE) can remain at work. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing. <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>. HCWs should: not attend work if they develop symptoms while at home (off-duty) – see section 21 for self-isolating periods. For Non health care workers - If you think you have been in contact with someone who has the virus, you no longer need to take action, unless you start to feel unwell yourself

22. My employee is anxious and worried about the current situation

Does your organisation have an EAP (Employee Assistance program) service? This may be **PAM assist; CALL 0800 019 8988**; however, it may be another EAP and therefore provide the details to your employee. If you do not have an EAP service then you can refer to PAM for a Well Check which is a discussion with a psychotherapist for support. Or you may wish to contact a charity such as MIND <https://www.mind.org.uk/> ; Heads together <https://www.headstogether.org.uk/> Samaritans **116 123** or jo@samaritans.org or online programs like Mood Juice <https://www.moodjuice.scot.nhs.uk/> ; Headspace <https://www.headspace.com/> which is free during the current crisis.

The British Psychological Society have produced an excellent document on looking after the health of healthcare staff affected by the Covid-19 crisis.

<https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf>

The NHS has commenced a new mental health hotline for NHS staff <https://www.england.nhs.uk/2020/04/nhs-launches-mental-health-hotline-for-staff-tackling-covid-19/>

23. My employee is concerned about finances?

Your EAP if you have one includes financial and debt advice but if you do not have access to an EAP service then look at Martins Money Saving Website <https://www.moneysavingexpert.com/> or consider Citizens Advice Bureau

24. I am concerned about my workforce because as essential workers they are under great strain?

Speak to your account manager about a mini mental health and fatigue assessment for your employees or a wellness check

25. My employee is concerned about attending work and I am not sure they should be in work?

Have you looked at our corporate risk assessment which can be found here <https://www.pamgroup.co.uk/covid-nineteen>.

If your answer cannot be found within the risk assessment or on the PAM COVID page then you can make a referral to Occupational Health for a COVID 19 risk assessment

26. My employee is pregnant and I feel I am unable to comply with social distancing at work?

Pregnant woman can choose whether they wish to be patient facing – see revised guidance All pregnant women should comply with social distancing in and out of work. Those with cardiac conditions are especially vulnerable and should be shielded. Guidance here: - <https://www.rcog.org.uk/coronavirus-pregnancy>

27. I want to discuss my employee's medical record and obtain an individual plan in relation to risk?

This requires a referral to OH

28. My employee is diabetic

All diabetics regardless of type 1 or 2 are at higher risk; however if you are unsure what this means for you then ask your manager to make an OH COVID 19 risk assessment referral

https://www.diabetes.org.uk/about_us/news/coronavirus

29. My colleague is obese (BMI > 40)

Follow social distancing advice <https://www.obesityuk.org.uk/covid19>

30. My employee has chronic kidney disease (CKD); may be on dialysis or may have chronic liver disease

They are advised to follow the advice of their clinicians who should be contacting you – you are at a higher risk. <https://britishlivertrust.org.uk/coronavirus-covid-19-health-advice-for-people-with-liver-diseaseand-liver-transplant-patients/>

31. My employee has MS

DMTs affect the immune system, which can make chances of infection, or complications from infection higher. These risks are different for different DMTs, but generally they are moderate. If you're employee is taking a DMT and think they have coronavirus, they should be able to continue taking it if their symptoms are mild.

<https://www.mssociety.org.uk/about-ms/treatments-and-therapies/disease-modifyingtherapies/covid-19-coronavirus-and-ms>

32. My employee has HIV

There is currently no evidence that people living with HIV are more likely to catch COVID-19 than anyone else. It's not the case that all people with HIV are considered at increased risk. Those on HIV treatment with a good CD4 count and an undetectable viral load are not considered to have weakened immune systems. A 'good' CD4 count means anything over 200. If the CD4 count is less than 200, if they are not on treatment or if they have a detectable viral load, then it's particularly important that they follow the guidance on social distancing. <https://www.tht.org.uk/news/coronavirus-covid-19>

<https://www.bhiva.org/coronavirus-and-HIV-responses-to-common-questions-from-BHIVA>

33. Immunosuppressants

The following immunosuppression therapies are sufficient to significantly increase the risk of infection: Azathioprine; Mycophenolate (both types); Cyclosporin; Sirolimus; Tacrolimus and therefore strict social distancing is required.

34. Sickle cell trait or problems with the spleen

Those with sickle cell trait need to follow the guidance given to the general public (as trait doesn't fall into the at-risk category) but they need to check the full vulnerable groups list in case they fall into another category such as if the spleen had been removed, they are pregnant or are over 70). <https://www.sicklecellsociety.org/coronavirus-and-scd/>.

35. Asthma?

those people with severe asthma will be followed up by the NHS

Guidance can be found here <https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/>.

36. Heart disease?

Anyone with a heart condition is considered high risk of more severe complications of COVID 19 coronavirus. An OH management referral can provide bespoke advice

37. A rheumatological condition

Guidance on the management, including risk stratification for rheumatological conditions can be found here: <https://www.rheumatology.org.uk/news-policy/details/Covid19-Coronavirus-update-members>. Should you remain concerned, please refer to OH

38. Antihypertensive medication

No higher risk has been found by the [Council on Hypertension of the European Society of Cardiology](#).

39. Ibuprofen

There is no evidence ibuprofen make COVID worse; however Ibuprofen is not advised for asthmatics and other groups so ensure they read the medication leaflet before taking <https://www.gov.uk/government/news/ibuprofen-use-and-covid19coronavirus>

40. how does my employee get a certificate to provide to me?

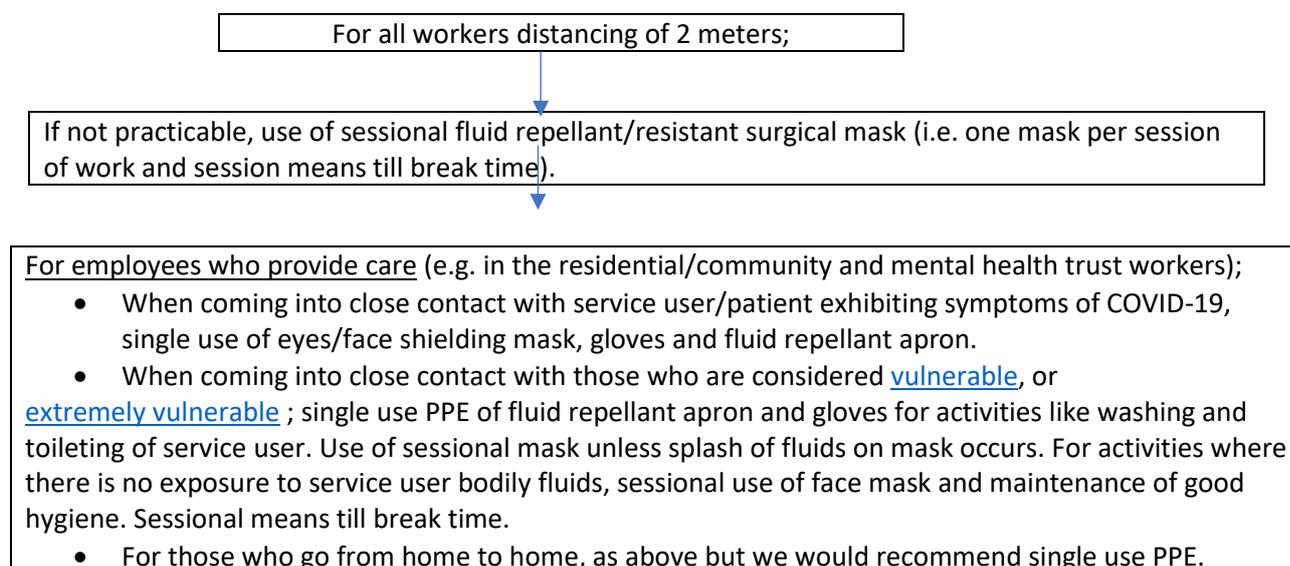
if evidence is required by an employer, those with symptoms of coronavirus can get an isolation note from [NHS 111 online](#), and those who live with someone that has symptoms can get a note from the [NHS website](#)

Any other questions please don't hesitate to make a referral to OH. Your referral will be reviewed and triaged to the most appropriate and cost-effective service to enable you to get the information you require.

Algorithm for non-vulnerable employees.

This algorithm is intended as guidance only to the employer as part of a risk assessment for workers in general who are **not** in roles involving the assessment or admission of COVID-19 cases. In all cases, strict observation on [hygiene](#) must be observed; when at work, and no-one should attend with symptoms:

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The employee must be trained on the use and safe disposal of PPE. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Care homes and hospital trusts have well-established processes for waste management.

Algorithm for vulnerable employees

This algorithm is intended as guidance only for employers when risk assessing their vulnerable employees attending work. The [vulnerable employee](#) is an employee who is over 70 years of age or if under this age, has significant underlying medical condition(s) and/or receiving treatment for the same, with the potential for a lowered immune system (i.e. those instructed to have a flu jab as an adult on medical grounds each year). Included in this category are those who are pregnant, irrespective of trimester.

In all cases, strict observation on [hygiene](#) must be observed and individuals who display symptoms should not attend work

For such employees, social distancing is highly recommended. Consider the nature of the work for such employees (priority in descending order):

Lone/home working

Workplace Work in an office or alternate environment such as a factory; driver; warehouse; retail etc. at a desk or workstation/workplace with 2 sq meters of space around with reduced contact with others as far as practicable. If not practicable, sessional use of fluid repellent surgical mask; wash hands regularly and keep surrounding surfaces regularly cleaned. Stay away from those with COVID-19 symptoms, those self-isolating for 14 days and those who have been in contact with COVID-19 case in the last 14 days.

Health and social care. For workers who are not involved in the assessment or admission of COVID-19 patients (e.g. residential/community care and mental health trusts), ensure service user/patient;

- has no symptoms of cough, fever, difficulty breathing;
- has not come into contact with those who have self-isolated in the last 14 days due to concerns about COVID-19, and
- has not come into contact with anyone diagnosed with COVID-19 in the last 14 days.

Wherever possible, the vulnerable worker to be deployed into areas with as few service users/patients as possible. Maintain distance of at least 2 meters from the service user/patient. If closer contact is needed:

- single use PPE of fluid repellent apron and gloves for activities like washing and toileting of service user. Use of sessional mask unless splash of fluids on mask occurs.
- For activities where there is no exposure to service user bodily fluids, sessional use of face mask and maintenance of good hygiene. Sessional means use to break time.
- For those who go from home to home, as above but we would recommend single use PPE.

The employee must be trained on the use and safe disposal of PPE. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. Care homes and hospital trusts have well-established processes for waste management.