



COVID-19 Keeping our Workforce Safe

Healthcare staff with underlying health conditions: implications and adjustments

Background

Occupational Medicine is about the interaction between health and work. Occupational Health (OH) services assist organisations to protect and maximise the health and wellbeing of their staff, contributing to safe care for patients.

Infectious diseases pose risks for both staff and patients and their contacts at home and at work; the emergence of COVID-19 has altered this landscape. Potential risks to the health of the NHS workforce from this new pathogen, for which there is, as yet, no vaccine, present a significant threat and are a source of concern to many healthcare staff.

Keeping our workforce safe requires a stepped approach. Specialists in occupational medicine and OH teams should contribute, in their organisations, to:

- assessment of the risks to healthcare staff from COVID-19; these are increased in aerosol generating procedures
- consideration of how these risks can be reduced by avoiding or reducing exposure as far as reasonably practicable, including the provision and use of appropriate PPE
- strategic planning.

OH assessment and advice may be required on an individual and wider health community basis on issues including:

- return to work after testing, isolation, shielding or illness
- clinical advice for the management of staff who have concerns about their personal health vulnerabilities and potential risk of cross infection to household members, colleagues and patients
- risk assessment of clinical work placements
- deployment of temporary and returning NHS staff
- trust level communication e.g. health related FAQs, processes to support mental health during and after the resolution of the pandemic
- co-working with infection control to design and deliver NHS staff testing facilities
- support to HR and the employer on interpreting the dynamically evolving government guidance in relation to staff
- balancing the urgency of COVID-19 health advice whilst maintaining the essential background mandatory health and safety services, recruitment, non-infection related urgent referrals.

OH cover will vary between organisations. As the situation continues to evolve OH providers should aim to develop clear algorithms which can be followed if necessary, by a nominated lead.

The prime focus of this information sheet is to assist occupational physicians and OH teams to contribute to the best management of healthcare staff for whom there are concerns about specific vulnerability to COVID-19.

National Guidance

PHE guidance has been evolving rapidly and identifies those groups in the UK population considered to be at increased risk of severe illness from coronavirus (COVID-19). This classification has implications for their work, in the current situation.

1. ***Those defined on medical grounds as ‘extremely vulnerable from COVID-19’**
are now advised that **shielding** is required to minimise all contacts with others. Individuals in this group include recipients of solid organ transplants, those with specific cancers, severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD, rare diseases and inborn errors of metabolism that significantly increase the risk of infections, those on immunosuppression therapies sufficient to significantly increase risk of infection and women who are pregnant with significant heart disease congenital, or acquired.

All those included in these groups across the UK should have received letters directly from NHS England, or their GP or specialist, (with comparable arrangements in the devolved nations) confirming that they meet the “extremely vulnerable” criteria and recommending protective shielding measures.

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

WORK: The situation is clear for this group. Only those able to work remotely, from within their shielded environment will be able to do so at present.

2. ***Those defined as ‘at increased risk of severe illness from COVID-19’**
are now advised to be particularly stringent in following social distancing measures. This group include those aged 70 or older (regardless of medical conditions), those who are pregnant, and those with the underlying health conditions which convey eligibility, on health grounds, for an annual seasonal ‘flu jab each year. These are:

Chronic respiratory disease 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, MND, MS, a learning disability or cerebral palsy, diabetes, previous removal of spleen or sickle cell disease, immunosuppression as a result of conditions such as HIV and AIDS, or medication such as steroid therapy or chemotherapy plus being seriously overweight (BMI >40).

<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>

WORK: This group presents greater challenges in decision making about work. There are many people working in the NHS workforce and elsewhere who have background health conditions. Recognition that good work benefits health, alongside improved healthcare and support from employers for workplace adjustments has facilitated this.

The OH advice given to the individual and, with consent, to their employer will depend upon an assessment of the risks of exposure to COVID-19 in the workplace, the extent to which social distancing is practicable within the work environment and the risks associated with the person’s background health condition and the treatment which they receive.

An informed assessment requires consideration of all these factors including in some cases liaison with their treating doctor. Specialist physician colleagues within the Royal College of Physicians have provided some background information about conditions identified in the national PHE guidance, which may assist OH decision making.

Links to RCP Specialty Specific Notes

RCP information – <https://www.fom.ac.uk/wp-content/uploads/specialty-paragraphs-for-vulnerable-HCWS.docx>

The Royal College of Obstetricians and Gynaecologists also provide regular information and updates about pregnancy on their website (<https://www.rcog.org.uk/>)

A Practical Route to Decision Making

The risk assessment required to make decisions about adjustments to usual work can be completed for the majority of staff via a proforma template as follows.

The manager should seek to identify in their team or service those staff who may be extremely vulnerable or at increased risk of severe illness from COVID-19 according to the PHE classification. The health circumstances of some staff may already be known to their manager but this will not be so in all cases.

In normal circumstances it is not appropriate for managers to seek health information from staff beyond functional capabilities. However in the current situation OH assessment of all the staff involved in this exercise will not be practicable and Dr Steve Boorman, Chair of the Ethics Committee of the Faculty of Occupational Medicine, has clarified that:

“Both the employer, through line managers and the employee have a duty of care – to protect themselves, and their patients, i.e. the public, from harm. The health status of the employee is important to this. It would not be considered unethical to ask that the relevant part of personal clinical information is shared. If practically speaking this cannot be done via OH, because of the volume of work and other priorities, then, subject to line managers being cautioned about sensitivity and confidentiality, this enquiry, by managers, would not be unreasonable.”

The manager and staff member should consider together, in the light of the risk assessment, whether alternative work arrangements are appropriate and practicable. Examples may be consideration of working at an alternative location, moving to telephone based consultations or reduction in their employment in aerosol producing activities.

A minority of staff may require further assessment in Occupational Health and arrangements should be in place to facilitate this.

An example of a template which may be used for risk assessment of vulnerable and pregnant staff, can be accessed via the link below:

<https://www.fom.ac.uk/wp-content/uploads/Risk-Assessment-Matrix-Vulnerable-Staff-COVID19-26.03.20-FINAL.docx>

New, Temporary and Returning NHS Staff

Additional staff may be recruited in response to the COVID-19 situation, including the possible use of final year medical students and altered or extended roles for postgraduate trainees. Recently retired healthcare professionals may be encouraged to return to the NHS on a temporary basis. They should have received appropriate basic OH screening and advice including on infection control matters as for normally employed staff. They should also be provided with the opportunity to identify any increased vulnerability to COVID-19 and their deployment considered using the same risk assessment process as for existing staff.

Older staff returning from retirement may have particular concerns about frontline deployment, because of their perception of the potential risks associated with increased age and likelihood of long term conditions. Over-arching recommendations are not appropriate, but on the basis of the current available information it would seem more appropriate for retirees to be deployed in non-front facing roles than in high risk clinical areas.

Communications

Communications remain crucial. Staff and managers should be able to have confidence in the commitments made to keep the healthcare workforce safe and in the decision making processes which underpin this commitment.

*Footnote:

The definition of “vulnerable person” in the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (SI 2020/350) includes any person aged 70 or older, any person under 70 who has an underlying health condition, including but not limited to the conditions listed in Schedule 1 of the regulations - which are those specific conditions listed in PHE’s definition of ‘extremely vulnerable’ for whom ‘shielding’ is advised.

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