



# Coronavirus

Author: Carol Sanders OH Nurse

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I have tried to pull together available health and wellbeing information to help us all in this current crisis pull together and do the best we can for ourselves and each other, I will update it in response to changing advice from leading bodies, wishing you the very best during this unprecedented time, Carol xx

Everyone will be under and the mental, emotional, and physical risks involved in responding to an unprecedented crisis.

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## How to protect yourself and others

### Self-Isolation (updated 20<sup>th</sup> March 2020)

#### 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 alone and you have symptoms of coronavirus illness (COVID-19), however mild, stay at home for **7 days** from when your symptoms started.
- 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, but all other household members who remain well must stay at home and not leave the house for **14 days**. The 14-day period starts from the day when the first person in the house became ill.
- for anyone else in the household who starts displaying symptoms, they need to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14 day isolation period.

### Ending self-isolation and household-isolation

#### Self-isolation

If you have been symptomatic, then you may end your self-isolation after 7 days. The 7-day period starts from the day when you first became ill

#### Household isolation

- If living with others, then all household members who remain well may end household-isolation after 14 days. The 14-day period starts from the day illness began in the first person to become ill. Fourteen days is the incubation period for coronavirus; people who remain well after 14 days are unlikely to be infectious.
- After 7 days, if the first person to become ill feels better and no longer has a high temperature, they can return to their normal routine. If any other family members become unwell during the 14-day household-isolation period, they should follow the same advice - that is, after 7 days of their symptoms starting, if they feel better and no longer have a high temperature, they can also return to their normal routine.
- Should a household member develop coronavirus symptoms late in the 14-day household-isolation period (for example, on day 13 or day 14) **the isolation period does not need to be extended, but the person with the new symptoms has to stay at home for 7 days**. The 14-day household-isolation period will have greatly reduced the overall amount of infection the rest of the household could pass on, and it is not necessary to restart 14 days of isolation for the whole household. This will have provided a high level of community protection. Further

isolation of members of this household will provide very little additional community protection.

- At the end of the 14-day period, any family member who has not become unwell can leave household isolation.

Stay at home: easy guidance for people with confirmed or possible coronavirus (COVID-19) infection based on Government guidance. Published 12 March 2020. <https://bit.ly/2wjUvq>

The cough may persist for several weeks in some people, despite the coronavirus infection having cleared. A persistent cough alone does not mean someone must continue to self-isolate for more than 7 days.

## Government guidance on social distancing for everyone in the UK (updated 20<sup>th</sup> March 2020)

Those who are at increased risk of severe illness from coronavirus (COVID-19) need to be particularly stringent in following social distancing measures. They should work from home if possible.

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 <sup>1</sup>	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 your GP next week							

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

People who do not have family or friends that can help, can also be directed to [www.gov.uk/coronavirus-extremely-vulnerable](http://www.gov.uk/coronavirus-extremely-vulnerable) to register for additional support with daily living tasks such as shopping and social care.

### Workers with Comorbidity

People with comorbidity (when individuals have multiple health conditions) are more likely to develop complications with their health. Viruses can make chronic health problems worse and high-risk groups may experience a worsening of their conditions.

### Workers with Cancer

People with cancer may be at a higher risk of infection, they need follow the government advice that will help reduce the risk of getting coronavirus (COVID-19).

<https://www.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus-and-cancer>

<https://www.macmillan.org.uk/cancer-information-and-support/get-help/physical-help/cancer-and-coronavirus>

### Workers with Lung Conditions

This covers anyone who is offered a flu jab as an adult each year because they have a long-term respiratory disease.

It is not recommended to use a facemask if a person has an existing lung condition to protect themselves as there isn't enough evidence to show how effective they are. Also, for people living with a lung condition wearing a facemask can make breathing more difficult.

Advice for people with **asthma**: <https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/#Advice>

Severe asthma is asthma that is hard to treat, and often the symptoms are not well controlled, even with high doses of medicines.

Having severe asthma is likely to put you at higher risk of complications from COVID-19. The NHS will contact you from the 23<sup>rd</sup> March to tell you what to do if you are in this higher-risk group. For now, you should follow the advice above, and try to be extra careful about avoiding unnecessary contact with other people.

Coronavirus (COVID-19) health advice for people with asthma

When people with asthma get respiratory infections, it can set off their asthma symptoms.

To reduce your risk of asthma symptoms, the best action you can take is to follow these simple asthma management steps:

- Keep taking your preventer inhaler daily as prescribed. This will help cut your risk of an asthma attack being triggered by any respiratory virus, including coronavirus.
- Carry your reliever inhaler (usually blue) with you every day, in case you feel your asthma symptoms flaring up.
- [Download and use an asthma action plan](#) to help you recognise and manage asthma symptoms when they come on.  
Start a [peak flow diary](#), if you have a peak flow meter. If you don't have a peak flow meter, think about getting one from your GP or pharmacist, as it can be a good way of tracking your asthma and helping to tell the difference between asthma symptoms and COVID-19 symptoms. It can also help your medical team to assess you over the phone or video.
- If you come down with flu, a cold, or any other respiratory infection, follow our tips for [looking after your asthma when you're not well](#).
- If you smoke it's vital to quit now as smoking will increase your risk from COVID-19. There's NHS advice on how to give up smoking [here](#).

### Workers with heart of circulatory condition

Having a heart and circulatory condition probably doesn't make you any more likely to catch coronavirus than anyone else. But if you have a heart condition it may mean that you could get more ill if you catch it, which is why it's really important to protect yourself.

**Anyone with a heart condition is considered high risk of more severe complications of Covid 19 coronavirus.**

If any of these apply to you, this means you are at high risk:

- [Coronary heart disease](#), such as a past heart attack, stent, or bypass surgery (at any time)
- [Stroke](#)
- [Vascular dementia](#) or small vessel disease in the brain
- If you have [atrial fibrillation](#), there isn't enough information at the moment to tell whether it or other abnormal heart rhythm problems put you at higher risk from coronavirus. It seems likely if you have well controlled atrial fibrillation, that your risk is lower than for the groups mentioned above.

Some heart patients are considered particularly high risk. This applies to you if:

- You've had a heart transplant at any time
- You have heart disease and you're over 70
- You have heart disease and lung disease or chronic kidney disease
- You have angina that restricts your daily life or means you have to use your GTN frequently
- Heart failure, especially if it restricts your daily life or you've been admitted to hospital to treat your heart failure in the past year
- Heart valve disease that is severe and associated with symptoms (such as if you regularly feel breathless, or you have symptoms from your heart valve problem despite medication, or if you are waiting for valve surgery)
- You're recovering from recent open-heart surgery in the last three months (including heart bypass surgery)
- Congenital heart disease (any type) if you also have any of the following: lung disease, pulmonary hypertension, heart failure, you're over 70, you are pregnant, or if you have complex congenital heart disease.

congenital heart disease patients that are at particular risk of more severe Covid-19 illness include those that are over-70, have lung disease, complex congenital heart disease, pulmonary hypertension or heart failure.

### Workers with Diabetes

Current government guidance is that employees of all ages with diabetes, including those under 70, should be strongly advised – and supported by employers – to stay at home and work from there if possible.

Advice for people with diabetes: [https://www.diabetes.org.uk/about\\_us/news/coronavirus](https://www.diabetes.org.uk/about_us/news/coronavirus)

If you have diabetes, you are at increased risk of severe illness from coronavirus (COVID-19) and according to current government guidance you should be particularly stringent in following [social distancing measures](#), including significantly limiting face-to-face interaction with friends and family if possible.

Everyone with diabetes, including those with type 1 and type 2, is more at risk of a severe complications if they develop coronavirus, but the way it affects them can vary depending on what type of diabetes they have.

### Pregnant Workers

Women who are less than 28 weeks pregnant should practise social distancing but can continue working in a patient-facing role, provided the necessary precautions are taken

Women who are more than 28 weeks pregnant, or have underlying health conditions, should avoid direct patient contact

Advice for pregnant women: <https://www.rcog.org.uk/en/news/updated-advice-for-pregnant-healthcare-workers-and-employers-during-coronavirus-outbreak/>

### Workers with chronic kidney disease

#### **I have CKD – am I at risk of severe illness?**

Anyone with chronic kidney disease should be particularly stringent in following social distancing measures.

Anyone who has CKD stage 3-5 has been defined as being at increased risk of severe illness from coronavirus and therefore should take care to take social distancing measures. Another way to look at this is that if you need a flu jab you should consider yourself in one of the at-risk groups.

The later your stage of CKD, the greater your risk.

#### **I am on dialysis/have a transplant – am I at risk?**

It is thought that you are at increased risk of severe illness and it is very important that you are particularly stringent in following the social distancing measures laid out by the Chief Medical Officer below. Your renal unit will work with you to ensure you get your treatment.

Please do not miss dialysis sessions. You may be asked to come in at a different time and some people may be asked to do two sessions a week rather than three, provided it is considered to be safe for you do so. If the gaps between sessions are longer it is extra important to watch your fluid and diet, avoiding high potassium food.

## Workers with chronic liver disease

<https://britishlivertrust.org.uk/coronavirus-covid-19-health-advice-for-people-with-liver-disease-and-liver-transplant-patients/>

## Workers with MS

MS disease modifying therapies (DMTs) and coronavirus

DMTs affect your immune system, which can make your chances of infection, or complications from infection higher. These risks are different for different DMTs, but generally they are moderate.

If you're taking a DMT and think you have coronavirus, you should be able to continue taking it if your symptoms are mild.

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

## Workers with problems with their spleen – for example, sickle cell disease

### Sickle Cell Trait

If you have sickle cell trait please follow the guidance given to the general public (as trait doesn't fall into the at-risk category) but check the [full vulnerable groups list](#) in case you fall into another category such as if you have had your spleen removed, you are pregnant or you are over 70).

<https://www.sicklecellsociety.org/coronavirus-and-scd/>

## Workers with HIV or AIDS

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 your CD4 count is less than 200, if you're not on treatment or if you have a detectable viral load, then it's particularly important that you 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>

## Workers who are obese

Anyone with a BMI of 40 or above, or fall into any of the other risk categories identified, should follow the social distancing guidance.

<https://www.obesityuk.org.uk/covid19>

## Workers on immunosuppression therapies

The following immunosuppression therapies are sufficient to significantly increase the risk of infection:

- Azathioprine
- Mycophenolate (both types)
- Cyclosporin
- Sirolimus
- Tacrolimus

## Health Surveillance Guidance (HSE)

<https://www.hse.gov.uk/news/health-surveillance-coronavirus.htm>

### Guidance for occupational health providers, appointed doctors and employers on performing health/medical surveillance

In the light of advice from Public Health England on COVID-19, HSE has set out in guidance below, a proportionate and flexible approach to enable health/medical surveillance to continue. It applies where workers are undergoing periodic review under several sets of health and safety regulations. The guidance balances the current constraints presented by the COVID-19 outbreak and the need to protect the health, safety and welfare of workers.

The guidance will be subject to review.

### Control of Substances Hazardous to Health Regulations 2002 (COSHH)

For health surveillance under COSHH regulation 11, the assessment can be undertaken as a paper review by administering the appropriate health questionnaire (eg respiratory) remotely. If no problems are identified, then a full assessment can be deferred for three months. Those with problems can be assessed further, for example, by telephone in the first instance. A judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

For medical surveillance under COSHH Schedule 6, the appointed doctor can use discretion to determine the content of the review. Therefore, they can perform a telephone review and if there are no problems, schedule a full review three months later. Where there is a problem, a judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

### Control of Asbestos Regulations 2012 (CAR)

To undertake medical surveillance under CAR, appointed doctors can establish the worker has no significant symptoms by using a respiratory symptom questionnaire undertaken remotely. Providing there are no problems, they can then issue a new certificate for three months. Those with problems can be assessed further, for example, by telephone in the first instance. A judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

### Ionising Radiations Regulations 2017 (IRR)

For routine medical surveillance of classified persons under IRR, the appointed doctor can conduct a paper review. For high risk radiation workers such as industrial radiographers, or those classified persons at the end of the five-year cycle where a face to face review is planned, they can carry out a telephone consultation and review the dose records and sickness absence records. If there are no problems, a follow up face to face review can be scheduled three months later. Where there is a problem, a judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

### Control of Lead at Work Regulations 2002 (CLAW)

For medical surveillance under CLAW, where workers continue to be significantly exposed to lead, blood tests should continue. However, where a worker has been having annual blood tests, their blood lead level is low and stable and their risks from exposure to lead have not changed, the blood test can be deferred for three months.

Where a worker's periodic medical assessment is due, the appointed doctor can assess them by telephone. Providing there are no problems, the next full review can be scheduled three months

later. Where there is a problem, a judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

### Control of Noise at Work Regulations 2005

Providing the worker does not identify any relevant problems, audiometry can be deferred for a period of three months. Where there is a problem, a review can be undertaken by telephone and then a judgement can be made on whether to see the worker face to face and, if so, how to do so safely.

### Control of Vibration at Work Regulations 2005

The usual tiered approach to health surveillance will apply. Questionnaires can be administered remotely. Where there is a problem, a review can be undertaken by telephone and then a judgement can be made on whether to see the worker face to face and, if so, how to do so safely.

## Healthcare Workers

### Key Messages for the NHS

**NHS staff are critical to helping get through this crisis and urgent consideration must be given to supporting their health and wellbeing—for the benefit of all.**

- Delivery of every aspect of care by all clinical and non-clinical departments in the UK's NHS is being reassessed and fundamentally reorganised in the expectation of an imminent surge of patients with covid-19.
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- NHS England moved to a 'command and control' level 4 situation and only guidance that goes through the centre (Single Point of Control SPOC) should be considered valid.
- A significant proportion of worldwide cases of coronavirus have been related to occupational exposure. All health personnel should be alert to the risk of COVID-19 in a wide variety of occupations, not only HCWs.
- Illness and self-isolation of workers in administrative and managerial departments are likely to place increased burdens and stresses on frontline healthcare workers. Tasks such as ensuring safe staffing levels, communicating administrative information to patients at home, and reorganising outpatient clinic lists must not take healthcare workers away from direct clinical duties.

The BMJ Latest news and resources Coronavirus (covid-19):

<https://www.bmj.com/coronavirus>

### Guidance on infection prevention and control for COVID-19 [updated 21/03/2020]

“Preserving and protecting the health, safety and wellbeing of staff and keeping them well is critical for the NHS as we respond to the coronavirus outbreak (COVID-19). It is essential that NHS organisations take every effort to support the physical and mental wellbeing of our people to enable

them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period” (NHS England).

<https://www.england.nhs.uk/coronavirus/>

### COVID-19: guidance for healthcare providers who have diagnosed a case within their facility [14th MARCH 2020]

This document provides advice for healthcare providers on actions for healthcare staff, who have recently identified cases of COVID-19 in existing admitted patients who were not initially diagnosed.

<https://www.gov.uk/government/publications/covid-19-guidance-for-healthcare-providers-who-have-diagnosed-a-case-within-their-facility>

### COVID-19: guidance for health professionals

Information on COVID-19, including guidance on the assessment and management of suspected UK cases.

<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

## Healthcare Workers – PPE Infection prevention and Control

### NHS England and NHS Improvement 17<sup>th</sup> March 2020

“In respect of PPE, the DHSC procurement team reports that nationally there is currently adequate national supply in line with PHE recommended usage, and the pandemic influenza stockpile has now been released to us. However locally distribution issues are being reported. Michael Wilson, chief executive of SASH, is now helping resolve this on behalf of the NHS. In addition if you experience problems there is now a dedicated line for you: 0800 915 9964 / 0191 283 6543 / Email: [supplydisruptionsservice@nhsbsa.nhs.uk](mailto:supplydisruptionsservice@nhsbsa.nhs.uk).”

1. [COVID-19: when to use a surgical face mask or FFP3 respirator](#)
2. [COVID-19: putting on personal protective equipment \(PPE\) for non-aerosol generating procedures](#)
3. [COVID-19: taking off personal protective equipment \(PPE\) for non-aerosol generating procedures](#)
4. [COVID-19: taking off personal protective equipment \(PPE\) for non-aerosol generating procedures](#)
5. [COVID-19: quick guide for putting on \(donning\) personal protective equipment \(PPE\) for aerosol generating procedures \(AGPs\)](#)
6. [COVID-19: putting on \(donning\) personal protective equipment \(PPE\) for aerosol generating procedures \(AGPs\)](#)
7. [COVID-19: removal of \(doffing\) personal protective equipment \(PPE\) for aerosol generating procedures \(AGPs\)](#)

### NHS Staff in ‘at risk’ groups

For staff members in this category, the NHS will support staff to stay well and at work. NHS organisations should make adjustments to enable this wherever possible. Adjustments may include working remotely or moving to a lower risk area. Line managers should get support from the locally nominated EPRR lead or, for example, Medical/Nursing director or Chief Operating Officer to make

this happen. NHS organisations are encouraged to make it clear who the point of contact is in this regard.

Action to be taken for staff will depend upon their condition and how stable it is. Where a condition is unstable and there may be an increased risk to staff, the locally nominated lead should ensure that conversations are undertaken with those staff as to what steps need to be taken to keep an individual safe, and specialist advice taken as required. In addition, they will continue to need the support of their line manager and local occupational health service.

Where staff have to be redeployed or work from home, consideration should be given to what duties they can continue to carry out in a role, and what support they will need to do this.

Assistance should be provided to those staff who might be working or deployed in higher risk areas by:

- Ensuring they are aware of the PHE guidance and how they can protect themselves.
- Talk to them about their role and any elements which may put them at greater risk.
- Discuss and develop a plan to implement any reasonable adjustments where required, e.g. redeployment into less high-risk areas, reduced travel, working from home.
- Seeking further advice from Occupational Health in the first instance, where required further consultation with their specialist doctor regarding their underlying condition in order to optimise their condition where possible.
- Signpost to further areas of support e.g. EAP programmes, counselling

OH advice must be part of ongoing NHS strategic planning processes. OH in the NHS MUST aim is to protect and maximise the health and well-being of NHS staff.

OH advice should be based on organisational and individual risk assessments.

### **NHS England and NHS Improvement 17<sup>th</sup> March 2020**

#### Support NHS staff, and maximise staff availability

a) The NHS will support staff to stay well and at work. Please ensure you have enhanced health and wellbeing support for our frontline staff at what is going to be a very difficult time.

b) As extra coronavirus testing capability comes on line we are also asking Public Health England as a matter of urgency to establish NHS targeted staff testing for symptomatic staff who would otherwise need to self-isolate for 7 days. For those staff affected by PHE's 14 day household isolation policy, staff should - on an entirely voluntary basis - be offered the alternative option of staying in NHS-reimbursed hotel accommodation while they continue to work. Sarah-Jane Marsh, chief executive of Birmingham Women's and Children's foundation trust is now supporting this work.

c) For staff members at increased risk according to PHE's guidance (including pregnant women), if necessary, NHS organisations should make adjustments to enable staff to stay well and at work wherever possible. Adjustments may include working remotely or moving to a lower risk area. Further guidance has been made available and the Royal College of Obstetrics and Gynaecology <https://www.rcog.org.uk/> have provided further guidance about pregnant women.

d) For otherwise healthy staff who are at higher risk of severe illness from COVID-19 required by PHE's guidance to work from home, please consider how they can support the provision of telephone-based or digital / videobased consultations and advice for outpatients, 111, and primary

care. For non-clinical staff, please consider how they can continue to contribute remotely. Further guidance will be made available by NHS England.

The GMC, NMC and other professional regulators have written to clinicians who have relinquished their licence to practice within the past three years to see whether they would be willing to return to help in some capacity.

f) Urgent work is underway led by chief nursing officer Ruth May, NHS chief people officer Prerana Issar and Health Education England, the relevant regulators and universities to deploy medical and nursing students, and clinical academics.

g) All appropriate registered Nurses, Midwives and AHP's currently in nonpatient facing roles will now be asked to support direct clinical practice in the NHS, following appropriate local induction and support. Clinically qualified staff at NHSE/I are now being redeployed to frontline clinical practice.

h) The four UK chief medical officers, the national medical director, the Academy of Medical Royal Colleges and the GMC have written to all UK doctors stressing that it will be appropriate and necessary for clinicians to work beyond their usual disciplinary boundaries and specialisms under these difficult circumstances, and they will support individuals who do so:

[https://www.aomrc.org.uk/wpcontent/uploads/2020/03/0320\\_letter\\_supporting\\_doctors\\_in\\_COVID-19.pdf](https://www.aomrc.org.uk/wpcontent/uploads/2020/03/0320_letter_supporting_doctors_in_COVID-19.pdf)

Equivalent considerations apply for nurses, AHPs and other registered health professionals.

#### Guidance for Doctors

<https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/our-guidance-for-doctors>

#### Guidance for medical students

<https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/information-for-medical-students>

#### Guidance for Nurses

<https://www.nmc.org.uk/news/coronavirus/>

#### Guidance for nursing students and their educators

<https://www.nmc.org.uk/news/coronavirus/information-for-students-and-educators/>

#### Health & Care Professions Council

<https://www.hcpc-uk.org/covid-19/>

### Working from Home

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

Find out more about:

- [working from home](#)
- [health and safety for homeworking on the HSE website](#)

## Mental Health Considerations



Infectious disease outbreaks, like the current Coronavirus (COVID-19), are scary and can affect our mental health.

All employees should be provided with supportive self-care advice in this period, encouraged to rest, take any regular and prescribed medication and to look after themselves and their teams.

While it is important to stay informed, there are also many things you can do to support and manage your wellbeing during this crisis.

This information is to help you cope if:

- you're feeling anxious or worried about coronavirus
- you're staying at home or avoiding public places as part of social distancing
- you have to self-isolate.

It is helpful if you:

1. Plan for staying at home or indoors
2. Take care of your mental health and wellbeing

## Useful Resources

Looking after your mental health:

<https://www.nhs.uk/oneyou/every-mind-matters/>

<https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/>

<https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak>

Mental wellbeing while staying at home: <https://www.nhs.uk/oneyou/every-mind-matters/coronavirus-covid-19-staying-at-home-tips/>

Helping Others with Mental Health problems: <https://www.nhs.uk/oneyou/every-mind-matters/helping-others/>

Worried about coronavirus?: <https://www.nhs.uk/oneyou/every-mind-matters/coronavirus-covid-19-anxiety-tips/>

Urgent mental health support: <https://www.nhs.uk/oneyou/every-mind-matters/urgent-support/>

Health and Safety Advice (HSE): <https://www.hse.gov.uk/news/coronavirus.htm>

Work advice for employers and employees: <https://www.acas.org.uk/coronavirus>

Dealing with sickness absence: <https://www.tuc.org.uk/resource/covid-19-coronavirus-guidance-unions>