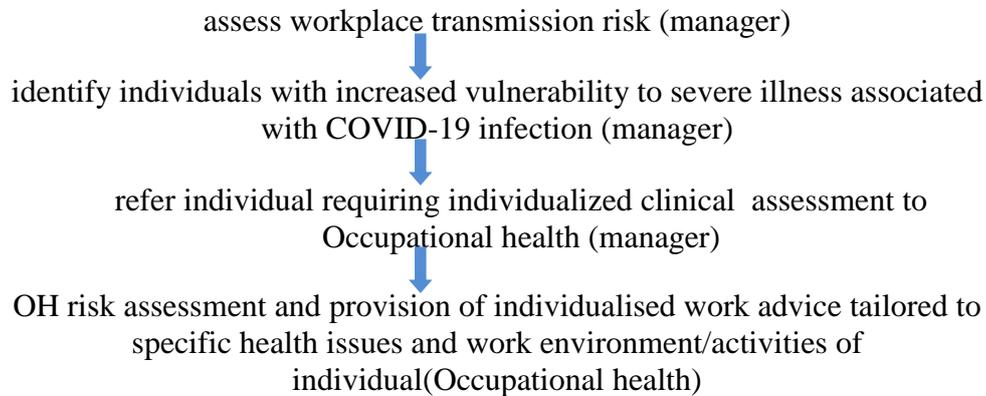


COVID -19 Occupational Health Risk Assessment Advice

Process when occupational health risk assessment advice regarding COVID-19 is required:-



An individual's risk from COVID-19 infection is a combination of:-

- The risk that they will get the infection
- The risk that once infected they will develop serious illness

When assessing general workplace transmission / COVID-19 exposure risk, consider:-

- *Nature of the work/workplace eg patient care/community care, support services/retail/public facing/customer service/office-based/hospitality*
- *Work organisation-*
 - i. *Ability to maintain social distancing at work*
 - ii. *Number of different people sharing the workplace*
- *Travel to and from work- public transport use*
- *Workplace entry and exit*
- *Availability, need for and use of personal protective equipment(PPE)*
- *Ability to maintain hand hygiene/availability of hand washing facilities*
- *Workplace environment cleanliness control*
- *Arrangements for toilet facilities and dining area use, set up of break out/lunch areas*
- *Ability to avoid symptomatic people*

The risk that someone will get the infection through work can be reduced through control measures that minimise workplace exposure and through use of personal protective equipment. Once risk factors for the transmission of COVID-19 in the workplace have been identified, control measures should be considered to reduce this risk, in line with the 5 step approach adopted by the health and safety executive for all risk assessments

Figure 2. General considerations for assessing COVID-19 workplace exposure and transmission risk

Work tasks <ul style="list-style-type: none"> • Patient/Service user • Public facing • Close contact necessary? 	Work location <ul style="list-style-type: none"> • Clinical setting • Customer/Client homes • Retail/Hospitality • Office/Contact centre • Factory 	Work organisation <ul style="list-style-type: none"> • Ability to maintain social distancing at work >2m • Number of different people sharing a workplace
Workplace travel <ul style="list-style-type: none"> • To and from work • In the course of work • Public transport • Private vehicle 	Work movement <ul style="list-style-type: none"> • Entering and leaving work • Changing areas • Toilets • Lunch/Breakout areas 	Personal protective equipment (PPE) <ul style="list-style-type: none"> • Availability • Need • How it is used
Workplace hygiene <ul style="list-style-type: none"> • Increased cleaning schedule • High touch surfaces 	Personal hygiene <ul style="list-style-type: none"> • Ability to wash hands • Sanitiser • Catch it, Kill it, Bin it 	Avoidance of symptomatic people <ul style="list-style-type: none"> • Particular concern for health/social care providers

Figure 3. A Hierarchy of control model for COVID-19 transmission risk

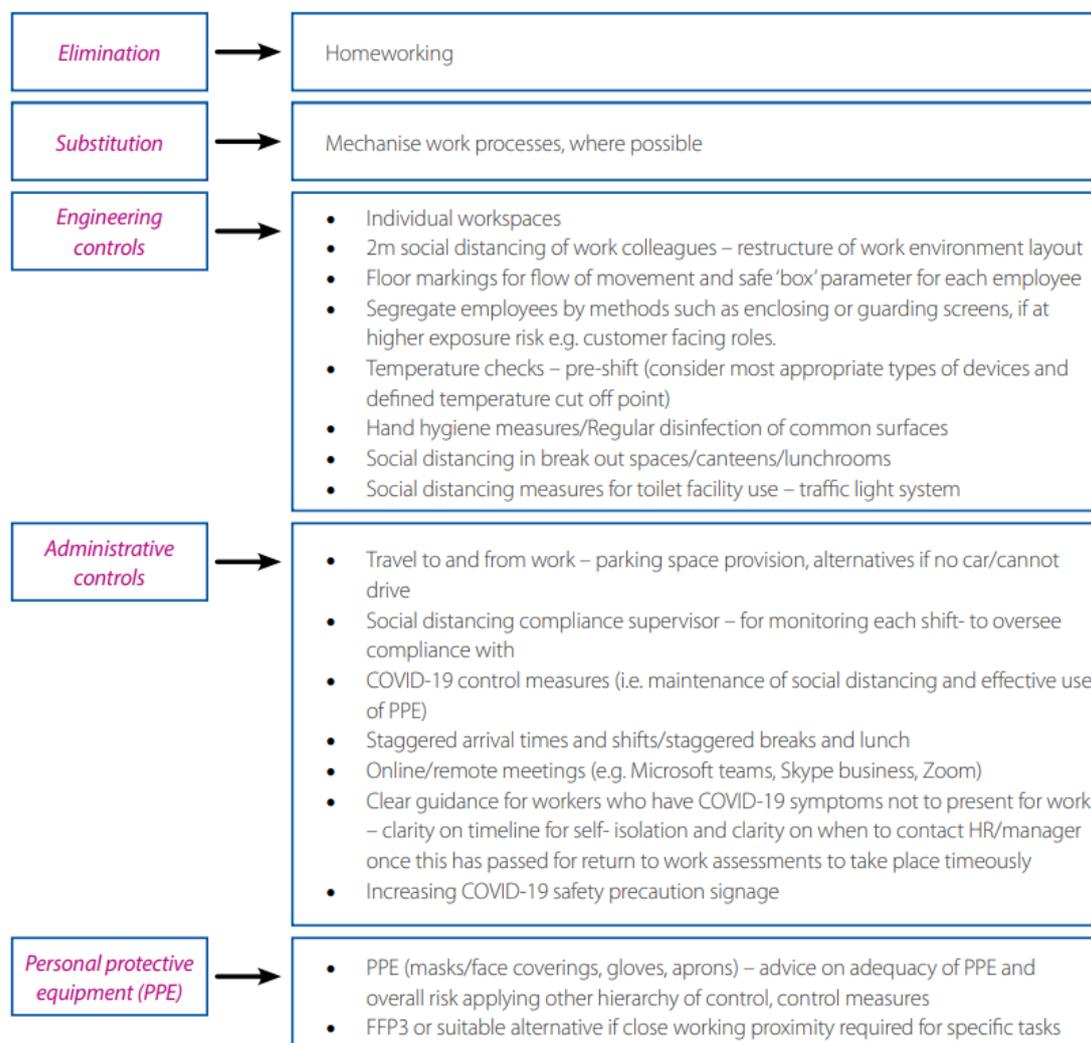


table below. This gives the overall general workplace transmission risk after controls have been put into place.

Figure 4. Risk factors that can be used to evaluate the residual risk of COVID-19 transmission through work activities

Framework for workplace COVID-19 risk		Based on risk after control measures are implemented**			
Risk ID	Risk factors	Low *	Standard	Medium	High
1	Patient care/Individuals cared for in the community/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 low risk environment is likely to be home working or isolated, non-shared office working

** The overall workplace risk judgement would be the highest risk level reached (i.e. coloured risk category) for any specific risk factor, after control measures are implemented.

Identification of individuals at increased risk –

For many individuals you will have already undertaken this process and accessed occupational health advice if required when the island first experienced COVID-19, and it may be a case of re-implementing similar additional measures. However, as more has been learned about COVID -19 during the pandemic, epidemiological research identifies older age, BAME ethnicity, gender, as well as specific long term health conditions, as increasing vulnerability and pregnancy needs also to be given special consideration. Previously increased risk was identified using the vulnerable and extremely vulnerable conditions list. (The extremely vulnerable were those previously advised to shield.)

Please refer to OH using the COVID -19 management referral forms any individuals who require occupational health assessment and advice.

The present list of clinically vulnerable and extremely clinically vulnerable are as below

Clinically vulnerable:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
- chronic (long-term) mild to moderate 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), or cerebral palsy
- diabetes
- a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets)
- being seriously overweight (a body mass index (BMI) of 40 or above)
- pregnant women

Clinically extremely vulnerable**Clinically extremely vulnerable people may include:**

- 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 that 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 disease (COPD)
- people with rare diseases 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
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

Occupational health will provide advice on individuals referred to both individuals and managers.

References;

SOM Covid-19 return to work guide

https://www.som.org.uk/SOM_RTW_guide_health_professionals_COVID-19_FINAL.pdf

UK gov guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

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

UK Gov guidance : Staying alert and safe

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july>

Isle of Man guidance:

<https://www.gov.im/categories/health-and-wellbeing/coronavirus-covid-19/>

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Intranet Link to Occupational Health page: <http://rheynnfyf/Employee/ohww/default.aspx>