

Leeds Teaching Hospitals NHS Trust

## **COVID - 19**

# **Occupational Health guidance on underlying health conditions, advice for pregnant staff and managers**

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## Background

This guidance is aimed at assisting staff and managers to discuss their individual circumstances sensitively and confidentially and undertake local risk assessments to minimise occupational exposures to the coronavirus. In particular taking into consideration important precautions for those staff who are likely to be more vulnerable.

The manager should seek to identify sensitively and confidentially in their team or service those staff who may be extremely vulnerable or at increased risk of severe illness (“clinically vulnerable”) from COVID-19 according to the Public Health England classification.

A template which can be used for risk assessment of vulnerable and pregnant staff can be found below (**Appendix 1**). The manager and staff member should consider together, in 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 generating activities (working from home if this can be facilitated or any other duties considered reasonable in order to minimise COVID-19 exposure). Some staff may require further assessment in Occupational Health. If staff and managers require specific advice they can contact Occupational Health for a confidential discussion on 0113 2065228.

Please also refer to the Trusts internal COVID-19 daily update page for staff which has additional useful information.

(These recommendations may change in line with updated guidance locally or nationally)

The NHS in England is directly contacting those individuals who are considered “**Clinically Extremely Vulnerable**” (conditions listed below) to provide further advice. This group is strongly advised to stay at home at all times and avoid any face-to-face contact for a period of at least 12 weeks. Detailed guidance has been produced by the government which you should refer to for further information**(1)**.

If a staff member thinks they fall into one of the categories of extremely vulnerable people listed below and they have not received a letter or been contacted by their GP, they should discuss their concerns with their GP or hospital clinician **(1)**.

## Group 1 “Clinically Extremely Vulnerable”

1. Solid organ transplant recipients.
2. 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
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.

Guidance for immunosuppressive therapy can be found below **(2)**.

6. Women who are pregnant with significant heart disease, congenital or acquired.

Staff members who are deemed extremely vulnerable should be guided by their GP or treating specialist regarding shielding. Please contact occupational health if you require further advice.

## Group 2 – at increased risk “clinically vulnerable”

Some staff with underlying conditions not on the above list have been identified as being at relatively increased risk “clinically vulnerable” (Group 2).

The advice for those who are at increased risk of severe illness from COVID-19 is to be particularly stringent in following social distancing measures **(3)**.

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 (excluding well controlled stable asthma either on no treatment or only on reliever medication e.g. salbutamol and no history of hospital admissions) , 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 conditions such as HIV and AIDS, or medicines such as steroid tablets (staff may wish to discuss their individual circumstance confidentially with occupational health)
- being seriously overweight (a body mass index (BMI) of 40 or above)
- pregnant women

### Appendix 2 (resources relating to the underlying health conditions)

For staff members in this category, NHS employers have advised that the NHS will support staff to stay well and at work. We will try to make adjustments to enable you to stay at work wherever possible. We would recommend that you discuss this with your manager so that you either work in low risk areas or, if that is not possible, then working remotely from home**(4)**.

Those who are deemed at increased risk “vulnerable” should be particularly stringent in following social distancing in the workplace. This should be discussed with your line manager to explore the most appropriate support and adjustments. The risk assessment form [\(appendix 1\)](#) should help assist in this matter.

It is expected that managers discuss with staff who are at risk the need to be deployed away from areas used for the care of those who have, or are clinically suspected of having, COVID-19**(5)**.

## Considering adjustments for Group 2 at increased risk “clinically vulnerable”

### staff

Staff should follow stringently the social distancing measures as far as reasonably practicable in the workplace. The national guidance advises all individuals to work from home, where possible.

**Group 2 staff** involved in patient care can work clinically (unless there are specific concerns) following a risk assessment of the working area and should where possible;

- Work in a low risk area where the exposure to suspected or confirmed cases of COVID-19 may be avoided or reduced as far as reasonably possible. This includes avoiding work in high risk areas where suspected or confirmed cases of COVID-19 are likely to be assessed and admitted. It is likely as the outbreak continues some low risk areas may become moderate to high risk.
- Temporary deployment may be required to minimise exposure risk as far as reasonably possible. This may include consideration for non-patient facing roles if the adjustment above is not achievable.

Some staff may require adjustments such as exploring options of a “non-patient contact role”. This will be on a case- by-case basis particularly in those circumstances where (this list is not exhaustive):

- There is a history of multiple co-morbidities
- The underlying health condition has been difficult to control or there are complications.
- There is concern around significant immunosuppression secondary to medications or an underlying health condition
- Pregnant staff ( see page 5)

If possible consider:

- Working remotely from home
- Telephone or video consultations
- Performing temporary administrative duties
- Participation in teaching and training of temporary and/or new staff

Staff members should:

- Where possible limit duration of close interaction with patient (e.g. prepare everything in advance away from patient)
- When possible maintain >2m distance from the patient.
- Consider asking patients to wear mask for staff member interactions.
- Wear the appropriate agreed PPE for all interactions with patients or specimens.
- Avoid aerosol generating procedures with suspected or confirmed COVID -19 patients.
- Avoid situations where there may be the potential for unexpected aerosol generating procedures in suspected or confirmed COVID -19 patients e.g. intubation at a cardiac arrest.
- Consider whether public transport /rush hour can be avoided through adjustments to work hours.

If the staff member requires specific occupational health advice relating to their health condition they should contact OH.

## Pregnant Healthcare Workers

Detailed advice on Pregnancy has been provided by the Royal College of Obstetrics and Gynaecologists (RCOG) and will be kept under review. Their guidance is summarised below(6). <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>

The revised guidance recommends that pregnant workers at any stage of pregnancy should '**not be exposed to a greater risk in the workplace than what they would be exposed to outside the workplace**'. Where there is a higher level of risk, the worker should be offered alternative work.

### Choices for pregnant healthcare workers prior to 28 weeks' gestation

1. For those workers under 28 weeks gestation, the revised guidance means patient facing roles are not appropriate if social distancing cannot be implemented without compromising patient care or if there is a higher risk of exposure to the virus.
2. Alternative roles for pregnant workers could include remote triage, telephone consultations, governance or administrative roles.
3. If a pregnant worker wishes to remain in a patient facing role, a full risk assessment must be undertaken. If the risks cannot be mitigated to meet the requirement that they should '**not be exposed to a greater risk in the workplace than what they would be exposed to outside the workplace,**' then they cannot be allowed to continue in a patient facing role. A patient facing role may only be possible if the risk assessment supports this and where the risk is deemed low in the working area i.e. the staff member is able to avoid working with suspected or confirmed cases of COVID-19 and avoid working in high risk areas (e.g. operating theatres, respiratory wards and intensive care/high dependency units, infectious diseases etc.) where suspected or confirmed cases of COVID-19 are likely to be admitted or assessed.
4. If you are pregnant, you are advised to notify your manager as soon as practicable so that a risk assessment can be undertaken. Your wishes in relation to confidentiality will be respected.
5. In the future, testing on patients and staff may result in workplace risks being reduced and revised guidance for vulnerable groups. Any updates will be communicated through the Bulletin. If you require further advice please contact the occupational health team.

### Healthcare workers after 28 weeks' gestation or with underlying health conditions at any gestation

1. For pregnant women after 28 weeks' gestation, or with underlying health condition such as heart or lung at any gestation, please discuss your individual circumstance with Occupational Health for advice.
2. For pregnant women after 28 weeks' gestation, or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. Women in this category should be recommended to stay at home. For many healthcare staff, this may present opportunities to work flexibly in a different capacity, for example by undertaking telephone or videoconference consultations, or taking on administrative duties. This should be discussed with your line manager.

3. Staff in this risk group who have chosen not to follow government advice **must not** be deployed in roles where they are working with patients.

### **Symptomatic & Asymptomatic staff testing**

Trust guidance can be viewed on **(7)**:

<https://www.leedsth.nhs.uk/covid19/staff-testing/>



## Mental Health and COVID -19

This pandemic is likely to be a stressful and anxious time for many staff at the Trust. It will be important for staff and managers to be able to seek early support in relation to their psychological health and wellbeing.

The Trust's staff and wellbeing support has a number of resources staff and managers can utilise **(8)**.

If you would like a confidential discussion please contact Occupational Health.

Public Health England has issued latest guidance for the public on the mental health and wellbeing aspects of COVID-19**(8)**.

**Appendix 1 - Risk Assessment for increased risk “Clinically Vulnerable” and Pregnant Staff with potential work related exposure to COVID-19 (10)**

This document should be read in conjunction with other advice regarding COVID-19 and in particular alongside the OH guidance for Staff & Managers and the Trust’s Covid19 resource. It is imperative to strictly adhere to infection control advice including hand hygiene and use of PPE.

**The main aim is to avoid unprotected coronavirus exposure**

<p><b><u>Completing the risk assessment:</u></b></p> <p><b>This should be completed for all increased risk “clinically vulnerable” staff or pregnant staff.</b></p> <ol style="list-style-type: none"> <li>1. This can be undertaken by line manager, supervisor, who can be supported by designated senior manager or Health and Safety representative</li> <li>2. Involve the member of staff</li> <li>3. Identify risks using risk matrix</li> <li>4. Consider actions to minimise risk</li> <li>5. <b>For pregnant women under 28 weeks gestation patient facing roles may not be appropriate if social distancing cannot be implemented safely or if there is a higher risk of exposure to the virus.</b></li> <li>6. <b>Staff in the extremely vulnerable groups and pregnant women &gt;28 weeks gestation should not attend work and if available they can work from home</b></li> <li>7. <b>Record the risk assessment and review if needed</b></li> </ol>	<p><b><u>Key considerations:</u></b></p> <ol style="list-style-type: none"> <li>1. Limit duration of close interaction with patient (e.g. prepare everything in advance away from patient)</li> <li>2. When possible maintain &gt;2m distance from the patient</li> <li>3. Consider whether public transport /rush hour can be avoided through adjustments to work hours</li> <li>4. <b>Consider asking patients to wear mask for staff member interactions</b></li> <li>5. <b>Provide appropriate PPE for the designated area for staff member for all interactions with patients or specimens</b></li> <li>6. Consider moving to non-patient facing role</li> <li>7. Consider remote working if the staff member is enabled including access to equipment and Wi-Fi</li> </ol>	<p><b><u>High Risk Aerosol Generating Procedures (AGPs) (Appendix 2) :</u></b></p> <ul style="list-style-type: none"> <li>- Check the AGP agreed list locally</li> <li>- The 2m safe distance does <b>not</b> apply when performing AGP on the respiratory system and anyone in the room can be exposed</li> <li>- Further information may be available in accordance with local Trust communication systems</li> </ul>
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**Area of Work**

<p><b>Low likelihood of COVID encounters</b></p>	<p><b>High likelihood of COVID encounters</b></p>
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<p><b>Areas where patients with coronavirus are <u>unlikely</u> to be assessed or admitted e.g. non-respiratory area of ED, wards not designated for suspected or confirmed COVID patients and non clinical areas</b></p>	<p><b>Area where patients with coronavirus are <u>expected</u> to be assessed or admitted e.g. ITU, designated wards, respiratory area of ED etc.</b></p>	<p><b>Aerosol Generating Procedures (AGPs) in patients with suspected or confirmed cases of COVID-19.</b></p>
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<p><b>LOW RISK</b></p> <p>No need to restrict.</p> <p>Consider <b><u>Key Considerations</u></b></p> <p><i>Even in low risk areas there is a risk of coronavirus exposure e.g. infected patients being mis-triaged. If this is a likely scenario in this area then consider the area as moderate-high risk.</i></p> <p><b><u>Pregnant staff see guidance notes pg.5</u></b></p>	<p><b>MODERATE to HIGH RISK</b></p> <p>Avoid working in high risk areas and temporarily deploy to work in a low risk area where the exposure to suspected or confirmed cases of COVID-19 may be avoided or reduced as far as reasonably possible.</p> <p>See OH guidance notes pg.4 <b><u>Considering adjustments for Group 2 “vulnerable staff”</u></b></p> <p><b><u>Pregnant staff see guidance notes pg.5</u></b></p>	<p><b>HIGH RISK</b></p> <ul style="list-style-type: none"> <li>- The staff member should not perform the AGP</li> <li>- They should leave the area where AGP is performed until 20 minutes after the AGP is finished.</li> <li>- If not possible to leave, they should wear a FFP3 mask whilst AGP is happening and 20 minutes after the AGP is finished</li> <li>- If the above is not possible staff member should be temporarily redeployed to a lower risk area.</li> </ul>
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<b>Staff Member Name:</b>		<b>Staff Role:</b>	<b>Date of Assessment:</b>
<b>Manager Name:</b>		<b>Location:</b>	<b>Date of Review (if applicable):</b>
<b>Vulnerability Group</b>			<b>Risk assessment outcome based on the matrix overleaf</b>
<ul style="list-style-type: none"> <li>Vulnerable/ pregnant staff without severe risk</li> <li>For pregnant women under 28 weeks gestation patient facing roles may not be appropriate if social distancing cannot be implemented safely or if there is a higher risk of exposure to the virus.</li> </ul>		• <b>LOW RISK</b>	
		• <b>MODERATE RISK</b>	
<ul style="list-style-type: none"> <li>Staff in the extremely vulnerable group and pregnant women &gt;28 weeks gestation should not attend work and if work available and practicable they can work from home.</li> </ul>		• <b>HIGH RISK</b>	
<b>PPE/ RPE – This section only applies where PPE/ RPE are <a href="#">recommended</a></b>			
<ul style="list-style-type: none"> <li>Staff member is trained to use appropriate PPE.</li> <li>Staff member is confident and competent in using appropriate PPE.</li> <li>Staff member is fit tested if required.</li> <li>Appropriate PPE is available at all times</li> </ul>	<p>Where PPE/ RPE is applicable but not all boxes are ticked the staff member should move to low risk, non-patient facing or work from home role.</p>		
<b>Agreed Action Plan, Please tick those that have been agreed</b>			
•	1. Limit duration of close interaction with patient (e.g. prepare everything in advance away from patient)		
•	2. When possible maintain >2m distance from the patient		
•	3. If necessary public transport / rush hour can be avoided through adjustments to work hours.		
•	4. Asking patients to wear a mask for staff member interactions.		
•	5. Provide appropriate PPE for the designated area for staff member for all interactions with patients or specimens		
•	6. Redeployment to lower risk area/ avoid working with suspected or confirmed cases of COVID-19		
•	7. The staff member will wear FFP3 in the area for 20 minutes where AGP is undertaken on suspected/ confirmed COVID patient.		
•	8. The staff member will leave the area for 20 minutes when AGP is undertaken on suspected/ confirmed COVID patient		
•	9. Remote working if the staff member is enabled (staff member does have access to equipment and Wi-Fi or access has been requested from IT)		
•	10. Others, please specify.(See page 4 OH guidance)		
<b>Occupational Health Support</b>		<b>If you need advice from OH please contact us on 0113 2065228</b>	

Once completed it should be kept in the staff members personal file and reviewed periodically

## Appendix 2 – Underlying health conditions

- **Respiratory conditions including Asthma, COPD etc.**  
<https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/>  
<https://www.blf.org.uk/support-for-you/coronavirus>
- **Cardiovascular conditions such as heart failure etc.**  
<https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health>
- **Chronic Kidney disease**  
<https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/>
- **Gastrointestinal Conditions e.g Inflammatory bowel disease, liver disease**

*Detailed advice for healthcare workers with gastrointestinal and liver conditions can be found below:*

<https://www.bsg.org.uk/covid-19-advice/bsg-basl-rcp-guidance-for-healthcare-workers-with-moderate-risk-inflammatory-bowel-disease-and-liver-disease/>

### **Additional helpful resources:**

<https://www.bsg.org.uk/news/covid-19-uk-ibd-tool-for-patients-is-now-live/>

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

- **Neurological conditions**

*Association of British Neurologists guidance for healthcare workers living with neurological health conditions on their fitness to work*

[https://www.theabn.org/page/covid19\\_guidelines](https://www.theabn.org/page/covid19_guidelines)

[https://cdn.ymaws.com/www.theabn.org/resource/collection/65C334C7-30FA-45DB-93AA-74B3A3A20293/ABN\\_2020\\_Guidance\\_COVID-19\\_and\\_Health\\_Care\\_Workers\\_with\\_neurological\\_disorders\\_24\\_Mar\\_2020.pdf](https://cdn.ymaws.com/www.theabn.org/resource/collection/65C334C7-30FA-45DB-93AA-74B3A3A20293/ABN_2020_Guidance_COVID-19_and_Health_Care_Workers_with_neurological_disorders_24_Mar_2020.pdf)

- **Diabetes**

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

<https://www.diabetes.org/covid-19-faq>

<https://www.diabetesonthenet.com/journals/issue/607/article-details/glance-factsheet-covid-19-and-diabetes-dpc>

- **Problems with your spleen – for example, sickle cell disease or if you have had your spleen removed**

<https://ukts.org/heads-up/coronavirus-information/>

- **Immunosuppressant medications - British Rheumatological Association & Dermatology**

[https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology\\_advice\\_coronavirus\\_immunosuppressed\\_patients\\_220320.pdf?ver=2020-03-22-155745-717](https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology_advice_coronavirus_immunosuppressed_patients_220320.pdf?ver=2020-03-22-155745-717)

<https://www.versusarthritis.org/covid-19-updates/covid-19-assessing-your-risk/>

<https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6674>

- **HIV and Covid-19**

The staff member may wish to discuss this confidentially with Occupational Health.

<https://www.bhiva.org/EACS-BHIVA-Statement-on-risk-of-COVID-19-for-people-living-with-HIV>

<https://www.bhiva.org/BHIVA-and-THT-statement-on-COVID-19-and-advice-for-the-extremely-vulnerable>

- **Pregnant Health Care Workers**

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-27-occupational--health--advice--for--employers-and--pregnant-women.pdf>

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

- **Cancer and COVID-19**

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



### Appendix 3- Aerosol-generating procedures (AGPs) (5)

AGP remains under review.

“The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract, and use of enhanced respiratory protective equipment is indicated for health and social care workers performing or assisting in such procedures. The evidence review will continue to be updated in light of emerging evidence for this new pathogen.

A long sleeved disposable fluid repellent gown (covering the arms and body), a filtering face piece class 3 (FFP3) respirator, a full-face shield or visor and gloves are recommended during AGPs on possible and confirmed cases, regardless of the clinical setting. Subject to local risk assessment, the same precautions apply for all patients regardless of case status in contexts of sustained COVID-19 transmission. Where an AGP is a single procedure, PPE is subject to single use with disposal after each patient contact or procedure as appropriate.

The following procedures are currently considered to be potentially infectious AGPs for COVID-19: *(This list covers most AGPs, it may not be exhaustive, as there may be additions to this based on local policy and agreement).*

- intubation, extubation and related procedures, for example manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- tracheotomy or tracheostomy procedures (insertion or open suctioning or removal)
- bronchoscopy and upper ENT airway procedures that involve suctioning
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract
- surgery and post mortem procedures involving high-speed devices
- some dental procedures (for example, high-speed drilling)
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- induction of sputum (cough)
- high flow nasal oxygen (HFNO)

For patients with possible or confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedure should be present.

Certain other procedures or equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. Procedures in this category include administration of pressurised humidified oxygen, entonox or medication via nebulisation.

NERVTAG advised that during nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

The resuscitation council's advice on CPR and COVID-19 can be found:<https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-healthcare/>





## References

### **(1) Extremely Vulnerable individuals**

<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> (accessed 08.06.2020)

### **(2) Immunosuppressant medications and Covid-19 - British Rheumatological Association and British Association of Dermatologists.**

[https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology\\_advice\\_coronavirus\\_immunosuppressed\\_patients\\_220320.pdf?ver=2020-03-22-155745-717](https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology_advice_coronavirus_immunosuppressed_patients_220320.pdf?ver=2020-03-22-155745-717) (accessed 08.06.2020)

<https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6674> (accessed 08.06.2020)

### **(3) Social Distancing**

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people> (accessed 08.06.2020)

### **(4) NHS Employers supporting our most vulnerable people**

<https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-our-most-vulnerable-people> (accessed 08.06.2020)

### **(5) COVID-19: infection prevention and control**

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control> (accessed 08.06.2020)

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/occupational-health-and-staff-deployment> (accessed 08.06.2020)

### **(6) Pregnancy and Healthcare worker guidance**

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/> (accessed 08.06.2020)

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-05-22-occupational-health-advice-for-employers-and-pregnant-women-during-the-covid-19-pandemic.pdf> (accessed 08.06.2020)

### **(7) Internal Coronavirus updates & Latest guidance for staff**

<https://www.leedsth.nhs.uk/covid19/latest-guidance/health-advice/> (accessed 08.06.2020)

<https://www.leedsth.nhs.uk/covid19/staff-testing/> (accessed 08.06.2020)

**(8) Mental health & Covid-19**

<https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19> (accessed 08.06.2020)

<https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak/while-working> (accessed 08.06.2020)

<https://www.leedsth.nhs.uk/covid19/staff-wellbeing/> (accessed 08.06.2020)

**(9) The Faculty of Occupational Medicine**

**COVID-19 Keeping our Workforce Safe**

**Healthcare staff with underlying health conditions: implications and adjustments**

<https://www.fom.ac.uk/general-news/covid-19-fom-information-sheet-27-03-2020>  
(accessed 08.06.2020)

This document has been prepared in discussion with senior management at the Trust.