

COVID-19-point checklist

Ensuring employer readiness

In the first article of a series exploring how OH professionals can contribute to business resilience, occupational physician Paul Nicholson provides a checklist for OH professionals to use as a basis to assess their employers' and customers' preparedness to respond to the emerging risk presented by the 2019/20 coronavirus pandemic.

THE aim of this short article is to provide a quick reference guide for OH professionals, their employers and business customers, based on the current evidence about coronavirus disease 2019 (COVID-19) and experience from adapting business continuity plans to respond to the specific challenges of previous disease outbreaks. A future article in this series will address health-risk communication techniques, while other articles will explore in more detail the management of communicable disease in the workplace and the role of occupational health (OH) in management.

The *Coronaviridae* are a large family of viruses that have zoonotic potential; that is to say that occasionally they can spread from animals to humans and then between humans, as evidenced by previous outbreaks of severe acute respiratory syndrome (SARS) in 2002 and Middle East respiratory syndrome (MERS) in 2012¹. Usually, illness in humans presents as a respiratory infection, or sometimes as a gastrointestinal infection; the clinical spectrum varies from no or mild symptoms to severe, rapidly progressive pneumonia, acute respiratory distress, septic shock, or multi-organ failure leading to death².

COVID-19 is a global pandemic with serious implications for employee health and business continuity. The situation is evolving rapidly. At the end of January 2020 expert opinion was that it was 'unclear at the current time whether this outbreak can be contained within China'³. By the end of February, the World Health Organization (WHO) reported that, outside of China, there were 7,169 confirmed cases in 58 countries, and 104 deaths⁴. These data are updated daily by the WHO⁵ and by mid March there were more than 165,000 cases and 6,606 deaths in 151 countries worldwide, with more than 86,000 confirmed cases and 3,388 deaths outside China⁵.

In light of the changing situation this article will not discuss COVID-19 in detail. Readers should refer to the most reliable and regularly updated, freely available sources such as *Coronavirus: latest news and guidance*⁶ published by the BMJ, *COVID-19 Resource Centre*⁷ published by *The Lancet* and the websites of Public Health England (PHE)⁸ and the Centers for Disease

Control and Prevention (CDC)⁹ in the USA. The CDC has published *Interim guidance for businesses and employers to plan and respond to coronavirus disease 2019*¹⁰ and the WHO has produced guidance for employers *Getting your workplace ready for COVID-19*¹¹.

CHECKLIST

The purpose of a checklist is to ensure that the business and its individual sites for a large business are suitably prepared to manage the potential risks that the COVID-19 pandemic poses, and to identify what additional measures are required such that plans may be made to close capability gaps.

It matters less who owns the checklist but that the questions are answered. In most employment sectors, with the exception of specialists within the National Health Service (NHS), OH professionals will have the most knowledge of infectious disease and health risks. It might be expected by their customers that OH lead on health risk management, including with communicable disease in the workplace. At such times it is an opportunity for OH to demonstrate that it adds value to the business by proactively managing emerging health risks.

The precise questions used by each OH professional will depend on the businesses they serve, for example in healthcare the needs of healthcare workers in infectious disease units will require special attention. But for the most part the approaches will be similar at different workplaces. The questions that OH professionals should consider are included in the COVID-19-point checklist box.

The answers to the checklist should be approached systematically, for example by using a 'SMART' plan to ensure that the desired outcomes are specific, measurable, achievable, relevant and timely. In addition to identifying the actions and completion dates it is important to identify who is responsible for each action and the cost, so that funding can be requested. Progress against the SMART plan should be reviewed regularly to ensure that key deliverables are achieved on time and, if not, revised implementation dates are agreed.

CONCLUSIONS

- **COVID-19** is a pandemic with serious implications for employee health and business continuity
- **OH professionals** should identify the most up-to-date and reliable resources relevant to their practice
- **A checklist** can help to ensure that employers are suitably prepared to manage the risks
- **Information** derived from the checklist should be used in a systematic way to develop an action plan to inform an employer's ongoing response

SUMMARY

COVID-19 is a global health risk that brings uncertainty for experts and the public alike. Businesses are likely to look to their OH professionals for support. This is an opportunity for OH professionals to provide valuable proactive input to an employer's business continuity plan – if it has one. If it does not, then the part that OH can play in ensuring that employers are adequately prepared for COVID-19 is all the more important. ■

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Notes

- 1 Phan MVT, Tri TN et al. Identification and characterization of *Coronaviridae* genomes from Vietnamese bats and rats based on conserved protein domains. *Virus evolution* 2018; 4(2): vey035. ohaw.co/Phan2018
- 2 Overview of coronaviruses. London: BMJ, 2020. ohaw.co/BMJcorona (accessed 16.3.2020).
- 3 Imai I, Cori A et al. Report 3: transmissibility of 2019-nCoV. London: WHO Collaborating Centre for Infectious Disease Modelling, 2020. ohaw.co/ICovid3 (accessed 17.3.2020).
- 4 Coronavirus disease (COVID-19). Situation report 41. Geneva: WHO, 2020. ohaw.co/WHOCovid41 (accessed 2.3.2020).
- 5 Coronavirus disease (COVID-19). Situation reports. Geneva: WHO, 2020. ohaw.co/WHOCovidSR (accessed 16.3.2020).
- 6 Coronavirus: latest news and guidance. London: BMJ, 2020. ohaw.co/BMJcoronaNews (accessed 27.2.2020).
- 7 COVID-19 Resource Centre. London: The Lancet, 2020. ohaw.co/LancetCorona (accessed 16.3.2020).
- 8 Covid-19: guidance for health professionals. London: PHE, 2020. ohaw.co/PHEcorona (accessed 16.3.2020).
- 9 Coronavirus 2019 (COVID-19). Washington, USA: CDC, 2020. ohaw.co/CDCcorona (accessed 16.3.2020).
- 10 Interim guidance for businesses and employers to plan and respond to coronavirus disease 2019 (COVID-19). Washington, USA: CDC, 2020. ohaw.co/COVID19 (accessed 16.3.2020).
- 11 Getting your workplace ready for COVID-19. Geneva: WHO, 2020. ohaw.co/WHOCovidWork (accessed 16.3.2020).
- 12 Coronavirus: advice for employers and employees. London, ACAS, 2020. ohaw.co/AcasCovid (accessed 16.3.2020).
- 13 Coronavirus (COVID-19) latest information and advice. London: PHE, 2020. ohaw.co/PHEc19 (accessed 16.3.2020).
- 14 Guidance for first responders and others in close contact with symptomatic people with potential COVID-19. London: PHE, 2020. ohaw.co/CovidFR (accessed 17.3.2020).

COVID-19-point checklist

- 1 Have the employer and OH staff ensured that all employee contact details are up to date?¹²
- 2 Are employees provided with health information about the disease, hygiene measures, self-isolation, self-certification and NHS 111 online?
- 3 Have supervisors and managers been informed to:
 - a. advise potentially infected employees to stay at or go home, to self-certify and to complete the NHS 111 online assessment?
 - b. advise OH staff of suspected cases and of employees who have household contacts suspected to have COVID-19?
- 4 Have occupational groups who are potentially at increased risk been identified and has their risk been assessed – for example, business travellers, expatriates, first aiders and health professionals (including OH)?
- 5 Have employees been advised to contact OH if they are returning from an affected area before they consider attending work?¹³
- 6 Are first aiders and health professionals aware of the hygiene measures to follow?¹⁴
- 7 Are there adequate supplies of personal protective equipment such as gloves, aprons and respirators where risk assessments identify a need?
- 8 Have you assessed the need for disposable or non-contact medical thermometers and where they might be positioned, eg in the OH unit or with first aiders and security?
- 9 Are procedures in place to segregate any potentially infected employees who might present to OH or visitors who might arrive at reception?
- 10 Has the cleaning contract been reviewed to ensure that the frequency and standard of cleaning is sufficient?
- 11 Is there a protocol for disinfection of any potentially contaminated work areas?
- 12 Is handwashing information posted close to all washbasins?
- 13 Is alcohol hand rub readily available in high-traffic areas and where handwashing facilities are not nearby and are disposable tissues made available to employees?
- 14 Is non-essential travel discouraged – eg where virtual meetings meet business needs?
- 15 Is someone responsible for continually reviewing the need for any international travel restrictions?
- 16 Have business travellers been reminded of the arrangements for medical support while travelling and do their travel kits include alcohol hand rub?
- 17 Is there a business continuity plan which considers who can work from home while meeting the needs of the business?
- 18 Have OH staff identified the most reliable websites to ensure that they stay informed?
- 19 Is there a defined protocol for returning to work an employee who was isolated due to confirmed COVID-19 in themselves or in a household contact?