

# Guidance for employers and businesses.

## 1. Background and scope of guidance

This guidance will assist employers and businesses in providing advice to staff on:

- the novel coronavirus, COVID-19
- how to help prevent spread of all respiratory infections including COVID-19
- what to do if someone with suspected or confirmed to have COVID-19 has been in a workplace setting
- what advice to give to individuals who have travelled to specific areas, as outlined by the Chief Medical Officer ([full list is available here](#))
- advice for the certification of absence from work resulting from Covid-19

## 2. Information about the virus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19 is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not been infected.

## 3. Signs and symptoms of COVID-19

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

## 4. How COVID-19 is spread

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions produced when an infected person coughs or sneezes containing the virus are most likely to be the main means of transmission.

There are 2 main routes by which people can spread COVID-19:

- infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face)

Our current understanding is that the virus doesn't live on surfaces for longer than 72 hours.

There is currently little evidence that people who are without symptoms are infectious to others.

## 5. Preventing spread of infection

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

Public Health England (PHE) and the Public Health Agency (PHA) recommends that the following general cold and flu precautions are taken to help prevent people from catching and spreading COVID-19:

- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze. See [Catch it, Bin it, Kill it](#)
- put used tissues in the bin straight away
- wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available. See [hand washing guidance](#)
- try to avoid close contact with people who are unwell
- clean and disinfect frequently touched objects and surfaces
- do not touch your eyes, nose or mouth if your hands are not clean

If you are worried about symptoms, please call your GP. Do not go directly to your GP or other healthcare environment.

Further information is available on the [PHE blog](#).

Face masks for the general public are not recommended to protect from infection, as there is no evidence of benefit from their use outside healthcare environments.

## 6. How long the virus can survive

How long any respiratory virus survives will depend on a number of factors, for example:

- what surface the virus is on
- whether it is exposed to sunlight
- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

Once similar viruses are transferred to hands, they survive for very short lengths of time. Regular cleaning of frequently touched hard surfaces and hands will, therefore, help to reduce the risk of infection.

See [hand washing guidance](#).

## 7. Guidance on facemasks

Employees are not recommended to wear facemasks (also known as surgical masks or respirators) to protect against the virus. Facemasks are only recommended to be worn by symptomatic individuals (advised by a healthcare worker) to reduce the risk of transmitting the infection to other people.

PHE and PHA recommend that the best way to reduce any risk of infection is good hygiene and avoiding direct or close contact (closer than 2 metres) with any potentially infected person.

Any member of staff who deals with members of the public from behind a full screen will be protected from airborne particles.

## 8. What to do if an employee or a member of the public becomes unwell and believe they have been exposed to COVID-19

If the person has not been to specified areas in the last 14 days, then normal daily activities should continue.

If someone becomes unwell in the workplace and has travelled to China or other affected countries, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible find a room or area where they can be isolated behind a closed door, such as a staff office. If it is possible to open a window, do so for ventilation.

The individual who is unwell should call their GP from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain which country they have returned from in the last 14 days and outline their current symptoms.

Whilst they wait for advice from NHS 111 or an ambulance to arrive, they should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag or pocket then throw the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available.

## 9. Returning from travel overseas to affected areas

People who have returned **in the last 14 days** from:

- Wuhan city and Hubei Province (China, [see map](#)),

OR;

People who have returned **since February 19, 2020** from:

- Daegu or Cheongdo (Republic of Korea, [see map](#)),
- Iran, or;
- Any Italian town under containment measures ([see map](#))

**should self-isolate whether they have symptoms or not, and contact the NHS helpline on 111.**

Self-isolation includes avoiding attending an education setting or work until 14 days after they leave these areas.

More detailed advice for travellers from other areas is found at [what to do if you have returned in the last 14 days from specified countries or areas](#) on the PHE website. This advice is being updated regularly.

With regards to travel information to China or other countries for individuals working in the UK, PHE and PHA recommend following the Foreign and Commonwealth Office (FCO) country advice pages.

## **10. What to do if a member of staff or the public with suspected COVID-19 has recently been in your workplace**

For contacts of a suspected case in the workplace, no restrictions or special control measures are required while laboratory test results for COVID19 are awaited. In particular, there is no need to close the workplace or send other staff home at this point. Most possible cases turn out to be negative. Therefore, until the outcome of test results is known there is no action that the workplace needs to take.

## **11. What to do if a member of staff or the public with confirmed COVID-19 has recently been in your workplace**

Closure of the workplace is not recommended.

The management team of the office or workplace will be contacted by the PHA local Health Protection Team to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.

Advice on cleaning of communal areas such as offices or toilets will be given by the local Health Protection Team at PHA and is outlined later in this document.

## **12. When individuals in the workplace have had contact with a confirmed case of COVID-19**

If a confirmed case is identified in your workplace, the local Health Protection Team will provide the relevant staff with advice.

Contacts are not considered cases and if they are well they are very unlikely to have spread the infection to others:

- those who have had close contact will be asked to self-isolate at home for 14 days from the last time they had contact with the confirmed case and follow the [home isolation advice sheet](#)
- they will be followed up by the Health Protection Team
- if they develop new symptoms or their existing symptoms worsen within their 14-day observation period they should call their GP for assessment
- if they become unwell with cough, fever or shortness of breath they will be tested for COVID-19
- if they are unwell at any time within their 14-day observation period and they test positive for COVID-19 they will become a confirmed case and will be treated for the infection

**Staff who have not had close contact with the original confirmed case do not need to take any precautions and can continue to attend work.**

## 13. Certifying absence from work

By law, medical evidence is not required for the first 7 days of sickness. After 7 days, it is for the employer to determine what evidence they require, if any, from the employee. This does not need to be fit note (Med 3 form) issued by a GP or other doctor.

Your employee will be advised to isolate themselves and not to work in contact with other people if they are a carrier of, or have been in contact with, an infectious or contagious disease, such as COVID-19.

PHE and PHA strongly suggest that employers use their discretion around the need for medical evidence for a period of absence where an employee is advised to self-isolate due to suspected COVID-19, in accordance with the public health advice being issued by the government.

## 14. Advice for staff returning from travel anywhere else in the world within the last 14 days

Currently, there are minimal cases outside the listed areas and therefore the likelihood of an individual coming into contact with a confirmed case is extremely low.

These staff can continue to attend work unless they have been informed that they have had contact with a confirmed case of COVID-19

If individuals are aware that they have had close contact with a confirmed case of COVID-19 they should contact **the NHS helpline on 111** for further advice.

The latest country information is available on the [NaTHNac Travel Pro website](#).

## 15. Handling post, packages or food from affected areas

Employees should continue to follow existing risk assessments and safe systems of work. There is no perceived increase in risk for handling post or freight from specified areas.

## 16. Cleaning offices and public spaces where there are suspected or confirmed cases of COVID-19

Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the person has come into contact with must be cleaned including:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones

Public areas where a symptomatic individual has passed through, and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected.

If a person becomes ill in a shared space, these should be cleaned using disposable cloths and household detergents, according to current recommended workplace legislation and practice.

## **17. Rubbish disposal, including tissues**

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the result is available. If the individual tests negative, this can be put in the normal waste.

Should the individual test positive, you will be instructed what to do with the waste.

**Guidance adapted from Public Health England. Last updated 03/03/2020.**