Coronavirus (COVID-19) Q&A's

Updated: 9 March 2021

There are some valuable Q&A's on the WHO website
https://www.who.int/news-room/q-a-detail/q-a-coronaviruses

1. *How often will you update staff on the situation?*

We have set up a Pawtal page which we'll update as and when there's more information to share.

We'll continue to send our regular updates through our existing channels including Newsblast, Workplace, Jan's Journal and our Live Q&As.

It's still a really fast changing situation so we will update you as soon as we can if we have something to report.

2. *What are Coronaviruses?*

Coronavirus is a family of viruses that are commonly found all over the world and affect many species. Most Coronaviruses are specific to their own species, for example, humans have been living with at least six known coronaviruses for thousands of years – they are best known for being one of the causes of the common cold.

3. *What is the Coronavirus COVID-19 that is currently active?*

This is a Coronavirus that humans have not encountered before. It was first detected in China in December 2019 and is thought to have jumped the 'species barrier' (which is an unusual occurrence) from animals to humans. Scientists are still not absolutely sure which animal was the original source.

4. *Has this happened before?*

Yes. There have been a number of occasions where Coronavirus has crossed the species barrier in the past; SARS (from bats originally) and MERS (from Camels) are probably the best known. These outbreaks were brought under control quickly due to the behaviour of the viruses, so have not caused widespread infections.

5. *How does the Coronavirus spread and how do people become infected?* ***Updated 05.01.21***

It spreads through respiratory droplets or small particles, scientists now think that may also include aerosols, produced when an infected person coughs, sneezes, sings, talks, or breathes.

- These particles can be inhaled into the nose, mouth, airways, and lungs and cause infection. This is thought to be the main way the virus spreads.
- Droplets can also land on surfaces and objects and be transferred by touch. A person may get COVID-19 by touching the surface or object that has the virus on it and then touching their own mouth, nose, or eyes. Spread from touching surfaces is not thought to be the main way the virus spreads.

In December 2020 a new variant of the virus was confirmed, which is believed to be more transmissible when compared to the original 'Wild version' (as it is now known), and has been responsible for more rapid spread of COVID despite existing restrictions.
Whilst this has resulted in increased social restrictions in the form of additional Tiers and National Lockdown, the government has not yet changed any of the COVID secure guidelines, we are closely monitoring for changes and will implement any necessary changes if required.

6. How can I prevent the spread of the virus? Updated 14.10.20

Hands, Face, Space

Washing your hands - While coronavirus is not likely to survive for long periods of time on outdoor surfaces in sunlight, it can live for more than 24 hours in indoor environments. Washing your hands with soap and water for at least 20 seconds, or using hand sanitizer, regularly throughout the day will reduce the risk of catching or passing on the virus.

Covering your face - Coronavirus is carried in the air by tiny respiratory droplets that carry the virus. Larger droplets can land on other people or on surfaces they touch while smaller droplets, called aerosols, can stay in the air indoors for at least 5 minutes, and often much longer if there is no ventilation. Face coverings reduce the dispersion of these droplets, meaning if you're carrying the virus you're less likely to spread it when you exhale.

Making space - Transmission of the virus is most likely to happen within 2 metres, with risk increasing exponentially at shorter distances. While keeping this exact distance isn't always possible, remaining mindful of surroundings and continuing to make space has a powerful impact when it comes to containing the spread.

*7. What are the symptoms and how dangerous is it?**Updated 18 May 2020*

For confirmed COVID-19 infections, reported illnesses have ranged from people with little to no symptoms to people being severely ill and dying. Symptoms can include:

- A high temperature
- A new, continuous cough
- A loss of or change to sense of taste or smell

(https://www.cdc.gov/coronavirus/about/symptoms.html)

It is currently thought that the vast majority of people infected have no symptoms or mild symptoms.

It can be more severe for some people and can lead to pneumonia or breathing difficulties.

Older people, and people with pre-existing medical conditions (such as diabetes and heart disease) appear to be more vulnerable to becoming severely ill with the virus. (https://www.who.int/news-room/q-a-detail/q-a-coronaviruses)

8. Is there any treatment? Updated 05/01/21

At the moment there is no specific medicine recommended to prevent or treat the coronavirus. Antibiotics do not work against viruses; they only work on bacterial infections. As COVID-19 is a virus, antibiotics will not work as a means of prevention or treatment.

As of 05/01/21 there are 2 vaccines licensed for use in the UK, the roll out of the vaccines has been prioritised according to impact of potential to save lives by the Joint Committee on Vaccination and Immunisation (JCVI). As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age.
The order of priority for each group in the population corresponds with data on the number of individuals who would need to be vaccinated to prevent one death, estimated from UK data obtained from March to June 2020 (see reference 3).
This priority list is as follows:

- residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and clinically extremely vulnerable individuals[footnote 1]
- all those 65 years of age and over
- all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- all those 60 years of age and over
- all those 55 years of age and over
- all those 50 years of age and over

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.

The NHS is currently rolling out these vaccinations, we would encourage all employees who are suitable to receive the vaccination to respond to the call when contacted by the NHS.

9. Can pets become infected?

A very small number of pets across the world (approximately 15 in total) have tested positive for Covid-19 after being in close contact with an owner who also has the virus. We know the pandemic began with the virus crossing the ‘species barrier’ from animals to humans, however, although there are now a very small number of reported potential occasions that it has crossed the species barrier again to infect domestic pets such as dogs or cats, this

remains a very unusual occurrence. There is no evidence that these pets then infect humans, or play any part in transmission of the virus. The main route of transmission remains human-to-human.
You can read more about this on our Pet Health Hub.

PDSA advice:

We've published a blog on our website which helps answers some of the questions pet owners are likely to have.

Pet owners should keep themselves updated on any development of this disease, but it's best to avoid any sensationalist reporting based on early research being conducted without proper academic scrutiny, which may cause unnecessary alarm.

There was also early media coverage of pet owners in China utilising specialist dog face masks, or creating their own versions, and sharing photos of these on social media. These are likely to be ineffective, distressing to the pet and could affect breathing, especially in flat-faced breeds, so we wouldn't recommend their use.

However, now more people will be wearing facemasks, it's a good idea to teach your pet to get used to the sight and sound of people wearing these. Have a look at our blog post which gives advice to owners about this.

The usual hygiene and handwashing practices after handling or feeding your pet should be followed, and if you are self-isolating or showing symptoms of Covid-19, we have produced the following advice to help you care for your pet. If anything further develops then we will share further advice.

10. What should I do if I have been in contact with someone with the virus – be that at a Pet Hospital, in a shop in one of our offices or through another situation? UPDATED 14.10.20

If you receive notification that you have been in contact with someone who has tested positive you need to self-isolate for 10 days. You will only need to be tested yourself if you develop symptoms. The rest of your household (if not a household member that has tested positive) do not need to isolate unless you become ill. Please refer to the "What to do if someone has a Positive test result" on Pawtal for further guidance.

11. Can PDSA require an employee who is concerned about the risk of contracting the coronavirus to attend work?

All of our workplaces have been assessed to ensure that they are operating in a Covid safe way and individual risk assessments are carried out where necessary. However, we would encourage any employee that is worried to talk to their line manager who will be able to talk through their concerns in more detail.

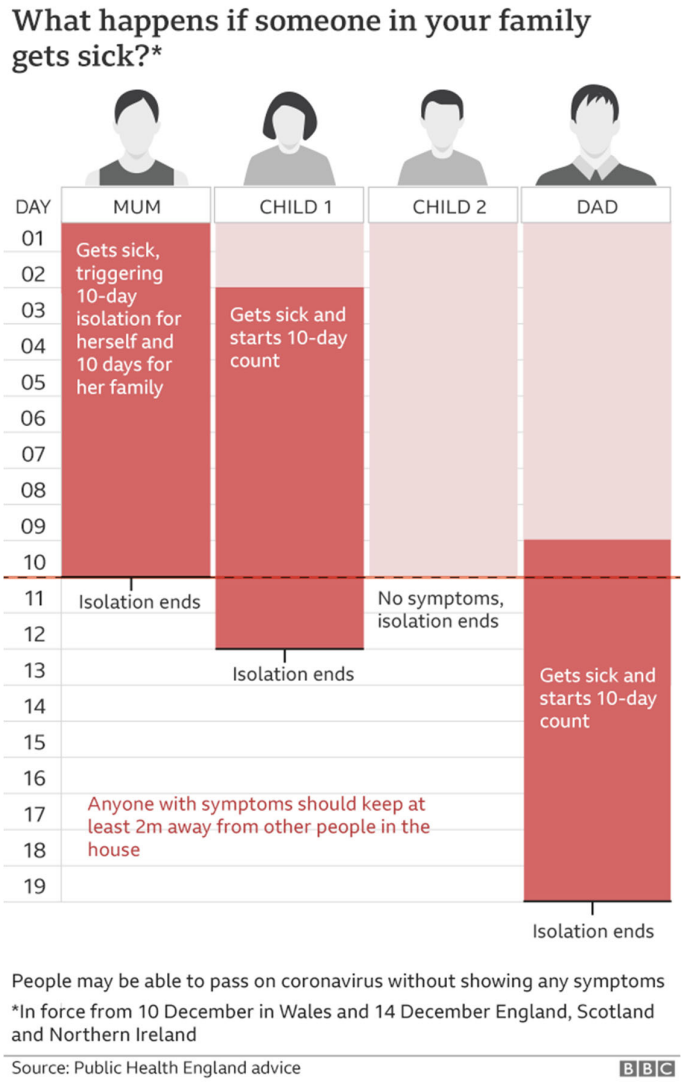
12. If I develop flu-like symptoms should I stay off work? UPDATED 14.10.20

If you have a new continuous cough or a high temperature or a loss of taste and smell, please complete the online NHS 111 self-assessment and follow the advice given.

- If you live alone and you have symptoms of coronavirus illness (COVID-19), however mild, stay at home for **10 days** from when your symptoms started. You can return to work if you feel well enough at the end of the 10 days. However if you are still suffering with a raised temperature you will not be able to return to work until this has returned to normal.

- 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 **10 days**, and all other household members who remain well must stay at home and not leave the house for **10 days**. The 10-day period starts from the day when the first person in the house became ill.

- If someone else in your household develops symptoms during that 10 day period, they should then self-isolate for 10 days.



*13. What happens if I am infected or colleagues are and I don't want to come into work? What is the HR policy? **UPDATED 18.5.20*

The latest guidelines say that if you have a continuous cough or a high temperature or a loss of taste or smell, you should self-isolate for **10 days**.

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 **10 days**, but all other household members who remain well must stay at home and not leave the house for **10 days**. The 10-day period starts from the day when the first person in the house became ill.

If a colleague is infected they will be quarantined for 10 days as per government guidelines and we will follow medical and government advice with regards to next steps for colleagues and the working environment. Please refer to the "What to do if someone has a Positive test result" on Pawtal for further guidance.

14. What happens to my pay if I am in isolation for 10 days or more?

If you are required to self-isolate, you will receive normal pay and alternative working arrangements considered, such as working from home where this is possible. If it's not possible for you to work from home this will be recorded in MyView as compassionate leave rather than sickness absence so you retain full pay throughout your isolation period but your line manager will add "isolation" into the notes section.

As PDSA is supporting you through the isolation period you should remain available for contact at all times and recognise that there may be requirements for you to complete work on behalf of the company which may include aspects such as on-line learning or reviewing information.

If you are unfit for work due to confirmed COVID-19 virus then this will be sickness absence and recorded in the normal way, however **trigger points will not be included for this absence.**

15. Do we need to use any special cleaning products?

Many general household products contain the appropriate concentrations of active ingredients (A.I.) that are known to inactivate coronaviruses so no special products are required. We have checked with the supplier of our Pet Hospital disinfectant and they have provided reassurance that it is effective against Coronavirus. We would encourage the regular use of hand sanitisers and recommend that a sufficient supply be purchased through Centaur or Fenns especially for colleagues handling cash. Ensure cleanliness of the environment e.g. door handles, work surfaces and keyboards etc.

16. Do you buy products from China for your shops and other locations, could these be contaminated?

No, at present it is considered safe. People receiving packages or goods from China are not at risk of contracting the new coronavirus. From experience with other coronaviruses, we know that these types of viruses don't survive long on objects, such as letters or packages.

17. Is alcohol-based sanitiser essential at this stage?

All advice from the NHS and Public Health England is that washing your hands regularly, for at least 20 seconds with soap and warm water is the most effective way to help avoid catching or spreading COVID-19. If soap and water are not available use a hand sanitiser gel. https://www.nhs.uk/conditions/coronavirus-covid-19/

The Safe4 foaming hand sanitiser that we stock in the Pet Hospitals is a cleanser, so cleans your hands, eliminating bacteria and matter, so reducing the harbouring of the virus and likelihood of cross infection. The hand sanitiser alone will not destroy COVID-19 so washing

your hands regularly is the best thing you can do; we have supplied the Safe-4 bulk order for general hygiene purposes and believe that this is a valuable element of good practice.

High alcohol concentration hand sanitisers may destroy COVID-19; however, high levels of alcohol can quickly irritate the skin and dry it out, which then makes your skin more vulnerable to infection. Whilst we wouldn't recommend long term or excessive use of the alcohol based ones we recognise that in higher risk situations they are a valuable addition in public facing and communal areas.

18. Will the sickness trigger points change during an outbreak?

Please refer to the HR policy update document for information about how we will be managing absence and sickness during this outbreak.

19. What are the rules around working from home and how will they change?

Working from home is agreed locally and dependent upon working arrangements and whether there are tasks that are suitable to be completed from home.

Latest Government advice encourages people to work from home, where it is possible to do so. We appreciate this isn't an option for everybody depending on the role you do – but for those who can, you should be looking to work from home.

There is more information on our Pawtal page about getting yourself setup to work from home.

20. Will the rules around dependency leave change during an outbreak? Updated 04/1/2021

Yes we have put in place a period of up to 10 days paid dependency leave and there is also currently an option to request to be furloughed for the reasons of dependency leave please see our HR Covid19 amended policies for more information

21. I had annual leave booked but am now ill, can I reclaim my annual leave?

Please refer to point 7.0 in our sickness absence procedure.

22. Should we now be asking 'at risk' volunteers with underlying health conditions to take a break from volunteering?

As the PDSA retail estate is now closed and hospital, office and events volunteering had already been put on hold, there should currently be no volunteering at PDSA sites. Any volunteering that does take place (eg admin activities) must be done from home.

Further guidance around keeping all of our volunteers safe and any additional measures needed for 'at risk' groups, will be published when our shops re-open and before any volunteers return to the workplace.

23. I'm currently pregnant – how could coronavirus affect me?

If you're concerned about your pregnancy then you should always seek medical advice from your doctor, midwife or NHS 111.

At PDSA your line manager will continue to conduct the pregnancy risk assessment but also conduct the same risk assessment as we would for our clinically vulnerable colleagues, and discuss and concerns or revised ways of working with you. Where working from home is possible you will be given priority to do so.

24. Are charity shops likely to be more vulnerable due to the fact that clothes are pre-loved/ pre-worn and therefore there could be a chance the virus could be present on the donated items?

We have re-opened our charity shops with robust covid secure measures in place which includes quarantining donated goods for 72 hours before they are available to sell again.

25. Can I carry over annual leave?

Line Managers have worked through annual leave plans for their teams and have informed HRSS of any carry over requirements where these are applicable. This has been updated in MyView at the end of December ready for booking in 2021. For annual leave for 2021 into 2022 please see our updated HR covid19 amended polices

*26. I'm clinically extremely vulnerable so do I need to shield again now infection rates are increasing? **Updated 04.01.2020***

The government will write to you separately to inform you if you are advised to shield. You are not advised to follow formal shielding advice again unless you receive a new shielding notification advising you to do so.
If you do receive a ***new*** shielding notification please pass this on to your line manager who will discuss options available to you i.e. working from home where possible. If all options have been exhausted then your line manager will discuss whether it is suitable to furlough you whilst the shielding restrictions are in place.

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

27. What level of advice should I follow if the area I work in is different to where I live? New Question 14.10.20

If you are required to travel to work into an area at a different local COVID alert level to where you live you should follow the guidance for whichever area has the higher alert level. For example, if you live in a medium alert area but work in a high alert area, follow the work advice for local COVID alert level: high. If you live in a high alert area but work in a medium alert area, continue to follow the advice for high alert areas.

https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know

28. I'm looking to book a holiday abroad in 2021 but am worried if there will be isolation restrictions when I return – what will happen with work? New Question 14.10.20

This is a very unknown area and colleagues booking holidays abroad do so at their own risk. If it is known in advance that self-isolation is required on returning to the UK this should be discussed with your line manager and the option to work from home, book additional holiday, take unpaid leave be explored prior to the holiday request being approved. If the situation changes pre-travel, or even whilst you are on your holiday, please speak with your line manager as soon as practically possible to discuss how the self-isolation period will be treated (work from home, additional holiday, unpaid).

PDSA will always look to accommodate holiday requests however based on operational needs if further time is needed we may be in a position where we have to decline/cancel the request but will always discuss the reasoning with you.

29. I work in Veterinary can I class myself as a key worker? Updated 20.01.2021

Previous guidance stated that Veterinary Surgeons can't be considered key workers by default; however, originally the guidance did state:

> *"**Vets working in emergency care***
>
> *The responsibility of the veterinary surgeon to take steps to provide 24-hour emergency first aid and pain relief to animals according to their skills and the specific situation continues, and veterinary practices will need to continue to carry out this work. It is important that animal owners are able to focus on their own health, and not need to worry about their pets. Veterinary surgeons who are providing this essential work can be considered key workers."*

On the basis of that guidance we believed that some of our colleagues working at Pet Hospitals providing Emergency and essential care could claim key worker status and a letter was produced to aid in discussions with schools.

Unfortunately, given the serious nature of the situation in the UK and the Government's desire to have as few school attendees as possible, this dispensation was withdrawn on 13th January 2021, the only vets who can now claim key worker status in England are those in food production and EU transition roles.

RCVS updated their Guidance for each of the four nations accordingly:
10. Are veterinary professionals classed as 'Critical/Key Workers' under the government's guidelines? (13/01/21) - Professionals (rcvs.org.uk)

This means that any veterinary surgeon in England who secured a school place for their children on the basis of "Vets working in emergency care" has a professional obligation to discuss the matter with the school and we would encourage them to do so. As described in my email to all Veterinary Surgeons on 14.01.2021 entitled "Service Change Updates: Change in Key Worker Status for Veterinary Surgeons" the ultimate decision lies with the school.

There have been a number of enquiries regarding colleagues claiming Key worker status based on "Key Public services - charities and workers delivering key frontline services". We have taken advice and believe that the spirit of this dispensation relates to charities providing human healthcare services e.g. Macmillan etc, so PDSA as an organisation cannot actively promote this route.

However, the government guidance is not specific and therefore this is not overtly disallowed, please do however bear in mind the RCVS statement "Critical/key worker status should be agreed at local level with the school/local authority as appropriate, and you should be confident that any claims for this status are defensible.".

As previously stated, the ultimate decision will lie with the schools, and if they accept this justification I would consider it unlikely that RCVS would find the claim indefensible at an individual level.

For most colleagues though, under most circumstances we don't believe they can claim key worker status

Vaccination programme & Lateral Flow Testing

1. **Does PDSA encourage employees to take the vaccine when offered?**

We believe that vaccination represents the only way to control this virus and keep people well in the short to medium term, and is the best way to get us to a point where we can all start to live more normal lives again.

Vaccination to prevent disease is a key part of our mission for our pet patients, and the principle extends to all of us. The Government and regulators have decided that the vaccine is safe and efficacious so we would encourage all of our colleagues that are able or willing to get the vaccine, to do so.

2. **Will PDSA introduce mandatory vaccination for employees?**

No – Vaccinations are not mandatory and therefore PDSA will not be mandating them in the workplace.

3. **Will PDSA require proof of vaccination on recruitment as a condition of offer?**

No - As with mandatory vaccination for existing employees, we would not be looking to mandate vaccination for potential employees either.

4. **When can CEV colleagues that are shielding come back to work following a vaccination?**

CEV colleagues should continue to follow current government advice even once they have received the vaccination. Throughout the pandemic we have been led by the principle that we want to keep our people safe and being guided by government instruction or guidance. We will not be looking to pre-empt any government decision to end shielding and will be guided by their approach to this matter.

5. **Do I still have to follow all of the COVID secure guidelines if I am vaccinated?**

Yes all current guidelines should be followed in the workplace even once you have been vaccinated. Vaccination has huge benefits on a personal level, but the government are looking for population level benefits before any rules are relaxed, so until the COVID secure working requirements are relaxed by the government, everyone must continue to abide by them, whether vaccinated or not.

6. **Will PDSA offer COVID vaccination as a staff benefit, like the flu jab?**

The vaccination is not currently available for private purchase. should this change PDSA will explore how we can support colleagues to access the vaccination and one option may be through our benefits package

7. **Can I take time off work to get my vaccination?**

Yes, accessing the flu vaccination can be arranged through discussion with line managers, access to the COVID vaccine should be managed in the same way.

8. **Are vets expected to become vaccinators?**

No. RCVS have made a statement on this.

A change in legislation has now allowed a wider group of individuals to undertake training to deliver the coronavirus vaccines. However, while veterinary surgeons can sign up as vaccinators, they are not on the list of healthcare professionals that are being encouraged by the NHS to apply for roles in the vaccination roll-out programme.

9. **Will the profession be lobbying for our frontline workers to be high on the priority list for vaccinations, once the government moves to occupational prioritisation?**

Yes – BVA are doing it.

10. **Do I have to work with somebody who has declined to take the vaccine?**

Yes – PDSA has Covid secure guidelines within all of our workplaces. The Vaccine is not mandatory, choosing to take the vaccination is a personal choice and people who can't or won't should not be penalised in any way.

11. **Are PDSA taking part in the scheme for testing for those who cannot work from home?**

This is something we are currently exploring and is currently only available to workplaces in England. As its stands at the moment all colleagues who are unable to work from home are already encouraged by the government to undertake regular testing. It's important to note that the approach to regular testing is in place so that across society cases can be identified and individuals isolated to stop the spread of the virus, including asymptomatic cases, and in recognition of increased focus new variants

Our workplaces and safe ways of working already ensure that the chances of contracting COVID in PDSA workplaces is very low. So regular testing does not necessarily change anything from PDSA perspective.

12. **Will PDSA be capturing data about which colleagues have been vaccinated?**
    Updated 9 March 2021

This is not information that we will be asking for at this present time, but as guidance changes it may be something that we require in the future.

13. **How regularly should I complete a lateral flow test if I can't work from home?**
    Updated 24 March 2021

Whilst the government does not stipulate the frequency for our working environment, we would recommend that you take a test as a minimum once a week.

14. **Is lateral flow testing compulsory?**

No.

15. **I am already undertaking home testing due to having school children in the household, do I have to complete additional testing?**

No.