

LIFTING LOCKDOWN

Tips from a GP

A practical and inclusive guide to moving forward safely in the COVID-19 pandemic

DR FARHANA RAHMAN



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Note: This guide is intended to be a reference and does not replace government guidelines. It contains principles and advice that must be taken in the context of latest official government recommendations, so please stay up to date with these as they are rapidly changing. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your doctor or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this document. Any views or opinions expressed in this document represent the views of the author and do not represent those of the people, institutions, organisations or employer that the author is associated with, unless explicitly stated. Any views or opinions are not partisan to or intended to malign any religion, ethnic group, organisation or individual.
All data and guidelines correct as of June 2020.

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ACKNOWLEDGEMENTS

For Sumiyya, Osman and all those who have lost loved ones to the COVID-19 pandemic. May their souls rest in eternal peace.

With support from:

Bangladeshi Doctors in the UK Society

British International Doctors Association

Black Medical Society

Doctors' Association UK

African and Caribbean Dental Association UK

Ask Doc

Melanin Medics

Muslim Doctors Association

With thanks to:

- Professor Dame Donna Kinnair and Dr Bob Gill for their invaluable support in writing forewords for this endeavour.
- Dr Hina J Shahid for her contributions to the COVID-19 Toolkit
- The Team: Dr Mursheda Chowdhury, Dr Farzana Rahman and Jane Rahman for their help, advice and encouragement throughout.
- My mother, Faozia Rahman for the endless childcare that made this possible and for reminding everybody that Bangladeshi women are superheroes, not statistics.
- And a huge thank you to Ed Blunt: talented musician, visionary artist and faithful ally in the pursuit of a fairer and more equal society. Thank you for donating your time and expertise to this project, even when it seemed like the references would get the better of us.

FOREWORDS

By Dr Bob Gill and Professor Dame Donna Kinnair

The Coronavirus pandemic has had a profoundly disruptive impact on the nation with an enormous human and economic toll. People are worried and confused about the future and learning to live with the infection still present in our communities. *Lifting Lockdown* provides a comprehensive, clear and practical guide to reducing the risk of coronavirus on individuals, their families and the wider society, drawing on best evidence from a wide variety of sources. This well-structured and easy to read booklet provides useful information and pragmatic advice to help people safely navigate the ongoing uncertainties ahead.

Dr Bob Gill
GP and NHS campaigner

This publication, *Lifting Lockdown,* is a guide to coming out of lockdown safely for vulnerable groups within our communities by Dr Farhana Rahman, a London-based General Practitioner. It has come at the right moment in time as the restrictions imposed since March begin to be eased.

The resource aims to provide balanced, culturally informed advice on returning to the 'new normal' safely that is sensitive and reflects people's lived experiences. It is important for communities to see leaders in health and well-being like Dr Rahman who is BAME herself taking responsibility for advising local populations and wider communities in alternative ways as face to face contact with our health care practitioners continue to be restricted.

The COVID-19 pandemic has transformed the way in which we have all lived our lives and it has been a challenge for us all no matter what our circumstances are. What started as a three week lock down has extended to 14 weeks and the impact on the physical and emotional health on individuals is now being recognised. A particular component of the emerging evidence has been the clear link to ethnicity, with those in BAME groups being disproportionately affected by this virus and hence it is right that we are placing emphasis on how these individuals safely come out of lockdown, taking advantage of the learning we have to date. At the start of the pandemic little was known about the virus. As the pandemic has progressed, we have more information and data to guide decision making and thus keep people safe.

As lockdown restrictions are lifted, resources that provide clear and accurate information for our most vulnerable groups and people from all ethnicities in maintaining their safety while returning to their lives are to be welcomed. This well written, easy to understand guide contains much of the latest practical information that will help patients and their families support themselves to stay alert to the corona virus risk and stay safe.

Professor Dame Donna Kinnair DBE
Chief Executive & General Secretary
Royal College of Nursing



EXECUTIVE SUMMARY

The aim of this document is to provide a comprehensive guide to coming out of lockdown safely. It offers insights and suggestions that draw upon relevant data and professional expertise to form a framework that can be used in conjunction with official government recommendations. With the presence of Coronavirus forecast to be with us for the foreseeable future, this guide acknowledges the risks faced by vulnerable groups and offers balanced, nuanced advice that is sensitive to how people actually live as we find our way together in establishing the 'new normal'.

Whilst the spread of Coronavirus is decreasing, the infection itself has not gone away and its capacity to cause harm through sickness and death remains unchanged. Vulnerable groups including Black, Asian and Minority Ethnic (BAME) communities have been the worst hit by the virus and there is little to suggest this disparity will change as lockdown is lifted. At the same time, the harms of lockdown have been far-reaching and now outweigh the benefits to society. Therefore, acknowledging Coronavirus risk, being aware it's not evenly spread and having a system to manage this in our day-to-day lives will allow us to 'stay alert, control the virus and save lives' as we move forward together.

This system can be divided into two parts:
Avoiding Infection and Curbing Infection.

Avoiding Infection asks everyone to consider:
A) risk of harm from Coronavirus and
B) risk of spreading/catching Coronavirus in relation to their interactions.

When assessing the risk of harm from Coronavirus, each person can think of their individual risk, the risk to those close to them and the risk to society. A ten-point checklist has been devised for this purpose using the Public Health England (PHE) Disparity Review findings and existing PHE guidance. The checklist is a reminder of the groups who have been found to have worse outcomes from infection. If a person finds that much of the checklist applies to them, they are at increased risk of harm from Coronavirus – they should take extra care when interacting with others (as detailed in part B), seek prompt medical attention if concerned about symptoms of COVID-19 and may require additional risk assessments to ensure their safety at work. (see *Back to Work*)

In part B), 8 measures are outlined to minimise the risk of spreading/catching Coronavirus, which are drawn from government recommendations and are worth considering at every interaction.

The second part of the system, Curbing Infection, describes what happens once someone develops symptoms of infection and how to engage with the measures in place which reduce onward spread:
- Isolation
- Test
- Test and Trace.

We all need to participate in these policies for them to be successful. Furthermore, there are instances when it is worth considering going beyond the guidelines and enhancing the steps we take to curb infection. This is described in further detail and discusses non-typical symptoms of COVID-19, false negative test results and considering isolating for more than 7 days.

BAME communities have the worst outcomes from COVID-19 infection. It must be noted that this term is used to describe a vast, varied and genetically diverse group of people, whose only consistent commonality is their non-Whiteness. A broader look at the data reveals that the reasons for higher rates of death and infection in these groups are complex but important to unravel. The root causes extend well beyond obvious factors like underlying health conditions and deprivation being more common in certain groups. Recognising the structural and health inequalities that run deep in our society poses uncomfortable questions about the role that systemic racism may have in the disproportionate impact of COVID-19 on BAME people.

We are now being advised to go back to work if it is not possible to work from home and to avoid public transport. However, it is recognised that high risk groups including BAME people- who are at most risk of sickness and death from COVID-19- are also more likely to be working in high risk environments where it is difficult to socially distance, as well as in health and social care settings where there are higher levels of exposure to disease. Workplaces should now be 'COVID-secure' with extensive measures in place to help reduce the risk to staff; employers and employees should familiarise themselves with these to ensure their workplaces are compliant.

Further recommendations are discussed in the event that someone feels unsafe at work, including how and to whom concerns should be escalated as well as practical tips to reduce the risk of infection. Overcrowding is known to affect BAME communities disproportionately and the increased presence of multigenerational households is thought to have a role in the worse outcomes from COVID-19 in these groups. Measures to help try and protect high-risk household members when returning to work are discussed including hygiene precautions, considering keeping some distance within shared spaces and strict isolation upon the development of symptoms.

The second half of this document details the COVID-19 Toolkit. Drawing upon medical expertise as well as latest data, it explains how to prepare for

COVID-19, what to do if you get COVID-19 and healthcare advice beyond COVID-19. It is a comprehensive aid to address the complex issues that have arisen from Coronavirus. This also includes areas that are less frequently discussed, for example at this stage of the pandemic, we are now seeing the prolonged effects of COVID-19 infection as well as the indirect impact of Coronavirus on health due to lockdown measures.

There is a plethora of information available which can be confusing and overwhelming to navigate. This guide serves to act as a reference against which the most up-to-date recommendations can be anchored. As the disparity in COVID-19 outcomes becomes increasingly apparent for different groups in society, it is clear this needs to be reflected in government policies to protect the vulnerable. Until then and beyond, this is a grassroots effort that acknowledges this need and speaks to everyone in society, including those who so often are not represented or advocated for in mainstream discourse.



KEY POINTS

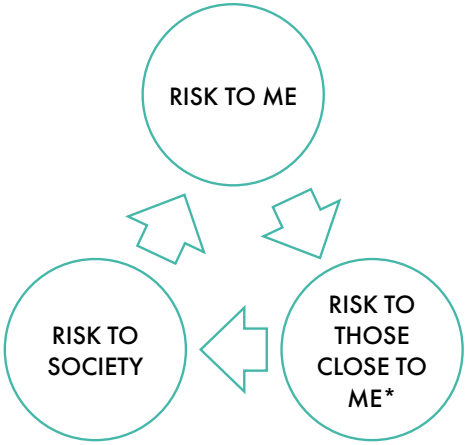
- Lockdown restrictions are easing and we must 'stay alert, control the virus, save lives'.
- Coronavirus spread is decreasing in the UK, but the overall numbers are still high enough that social distancing is required. The infection has not gone away.
- The virus is now in 'general circulation'. Medical officers warn that the pandemic is not over and that "localised outbreaks are likely to occur".
- However, we can empower ourselves with knowledge and safer practice as we rebuild much-needed levels of normality and move forward together.
- In Part 1 of this guide we cover how to safely navigate 'the new normal'.

  - Avoid infection: by integrating risk management into our daily lives to avoid infection

  - Curb infection: by everyone engaging in policies:
  1. Isolate, 2. Test, 3. Test and Trace.
- In Part 2 of this guide, we detail The COVID-19 Toolkit to manage the impact Coronavirus has on our health, both directly and indirectly.

Avoiding Infection

When interacting with others on a day to day basis, we need to think about Coronavirus and its:



Risk of harm from Coronavirus

1. **Age:** this rises from the age of 40 with the highest risk over 80.
2. **Male:** Biological male sex
3. **Clinically Vulnerable:** anyone over 70 or invited for flu jab
4. **Extremely Clinically Vulnerable:** the 'shielded' group
5. **Pregnancy:** the risk is highest in those with underlying medical conditions, in later pregnancy and BAME women.
6. **Obesity:** although not included in government guidelines, various studies have shown a link with worse outcomes.
7. **Ethnicity:** BAME people are at higher risk of worse outcomes than White people.
8. **Occupation:** high contact jobs with poor social distancing.
9. **Deprivation:** associated with worse outcomes.
10. **Urban living:** there are higher levels of infection in cities. Use https://covid19.joinzoe.com/data#levels-over-time to track infection levels

in your area to help assess your risk.

Risk of Spreading/catching Coronavirus

These tools can help reduce this risk:

1. Being outdoors vs indoors. If you are indoors, a large well-ventilated space is better than somewhere small and windowless.
2. Social distancing – the 2m rule
3. Handwashing
4. Avoid crowds
5. Face coverings
6. Short duration of contact – less than 15 minutes
7. Stand side to side rather than face to face if you can't distance
8. Social bubbles - consider mixing (whilst socially distancing) with people you know and trust to adhere to safety measures, perhaps even more relevant for higher risk individuals.

Curbing Infection

The 3 main symptoms of COVID-19:

1. New continuous cough
2. Fever
3. Loss or change in taste/smell.

Once infection occurs, we need to

- all engage with Isolate, Test and Test and Trace policies to curb infection.
- be aware of the circumstances where going beyond guidelines can enhance your safety measures and may save more lives.

It may be appropriate to consider:

- the possibility of a false negative test result
- whether you have non-typical symptoms of COVID-19infection
- isolating for more than 7 days if you have symptoms.

BAME communities and COVID-19

This disease disproportionately affects this ethnically diverse group of people.

- There is no proven unifying underlying genetic predisposition that causes worse outcomes across all BAME people
- Underlying medical conditions play a role, most notably diabetes
- Beyond pre-existing medical conditions and deprivation, other factors that may play a role include structural and health inequalities and systemic racism.
- Researchers have pointed out that ethnicity may need to be considered in the prioritsation of treatment and future vaccination policy, given the increased severity of disease in ethnic minorities who work more frequently in frontline key worker and public-interacting occupations.
- It is important to make sure any underlying health conditions are well controlled – speak to your GP if you have concerns.

Back to work

We are being advised to

- work from home if possible
- go to work if you cannot work from home
- avoid public transport
- work places should be 'COVID-secure'- https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19

If you feel unsafe at work – know your rights

- Ensure you have a written contract
- Join a union and seek their help
- Know your organisation's whistleblowing policy
- Your GP won't be able to do much – discuss concerns with your occupational health and human resources departments if you have them
- Always communicate your concerns in writing, not verbally so you have a written timeline of your concerns if you have to escalate things further.
- See if your organisation has a diversity/inclusion co-leader or BAME network to help advocate for you if applicable.
- Report your concerns to the Health Service Executive: https://www.hse.gov.uk/contact/concerns.htm and contact your Local Authority.
- Contact Citizen's Advice Bureau for advice: https://www.citizensadvice.org.uk/work/coronavirus-if-youre-worried-about-working/

If you have to travel to work on public transport

- wear a face covering
- avoid rush hour if possible
- allow extra time for your journey to get off a stop early and minimise your time onboard/avoid busy routes/stations.
- avoid physical contact and face away if possible
- avoid touching surfaces and don't touch your face
- carry alcohol sanitising gel
- https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers

Consider measures to protect your household if you have people at home who are at high risk of harm from Coronavirus

- this can be a common concern for certain BAME communities where people often work in high risk roles and live in multigenerational households.
- this includes thorough handwashing and cleaning measures within the home.
- considering keeping some distance within the home, for example avoiding shared spaces at the same time, reducing close physical contact.
- strict isolation measures if someone develops symptoms.

"The plan (is) to rebuild the UK
for a world with COVID-19.
It is not a quick return to 'normality.'"

PRIME MINISTER BORIS JOHNSON



INTRODUCTION

Lockdown restrictions are being lifted and we are now being asked to "stay alert, control the virus, save lives."

So, what does this mean for us?

Well, firstly, it is important to understand where we are currently.

At the time of writing, the total number of UK COVID-19 deaths is nearly 50,000 with the death and infection rates continuing on a downward trend. But, whilst the spread is decreasing, the numbers themselves are still high enough to warrant social distancing measures. There is still an epidemic of this virus which is in 'general circulation' and localised outbreaks are likely to occur. With the highest number of COVID-19 deaths in Europe, and ranking highest in the world behind Brazil and the US in terms of deaths globally, the UK is not on level ground with our neighbours.[3]

Germany, whose response to the pandemic received worldwide praise, has recently had localised outbreaks. These have been linked to poor housing conditions, poor working conditions, as well as poverty and overcrowding in immigrant communities.[4] This mirrors the disparities that occurred during lockdown in the UK and there is little to suggest that this inequality will not persist as restrictions are lifted here.

At the same time, every individual has felt the burden of lockdown. There is no denying the vast physical and mental health problems it has caused as well

as wider issues in society. We are also reminded that the economy needs to get started again. We cannot remain locked down indefinitely. And so, with the easing of restrictions in the UK, a large proportion of the responsibility has shifted to us - the general public - to 'control the virus'.

As we work towards rebuilding some much-needed levels of normality back into our lives, we can empower ourselves with knowledge and safer practice whilst staying mindful that the risk is not evenly spread in society. In this way we can protect ourselves and each other.

The virus has not gone away and the following truths remain unchanged:

- Your body is just as susceptible to catching the virus as before.
- The virus is just capable of making you very sick/causing death as before.
- The virus itself is just as contagious as it was before.
- There is no effective treatment.
- There is no vaccination.
- If the spread increases, the virus can put us back into lockdown again.

However, knowing your risks, how to manage them and how to engage with policies to control the virus can help us to move forward together and fight fear head on.

"This disease is not going to be eradicated, it's not going to disappear, so we have to accept that we are working with a disease that [is] going to be with us globally... for the foreseeable future. We have to be realistic that if people are hoping that it's suddenly going to move from where we are now in lockdown, suddenly into everything's gone, that is a wholly unrealistic expectation. We are going to have to do a lot of things for really quite a long period of time – the question is what is the best package."[5]

PROFESSOR CHRIS WHITTY, CHIEF MEDICAL OFFICER



PART I

Easing lockdown does not mean 'back to normal'

This section includes:

Avoiding infection

Curbing infection

The impact of COVID-19 on BAME communities

Back to work

Protecting your household if you have to go out to work



AVOIDING INFECTION

Integrating risk management into our daily lives to avoid infection

The harms of remaining fully in lockdown now outweigh the benefits to society. However, as we slowly rebuild our lives, we have to accept that Coronavirus* has not gone away. Consequently, there will be a proportion of people who will emerge from lockdown, become exposed to the virus and get sick or die as a result.

Therefore, on an individual level we need to find a balance that recognises Coronavirus is still here and that our behaviour directly impacts its reach - to us as individuals, to those close to us and to society.

Thinking about and managing risk

We need to get used to thinking about Coronavirus risk every day and in every interaction that we have.

In fact, this is just an extension of what we already do since nothing in life is risk-free. So, for every action, we always think about the risks and benefits, weigh up our options and act accordingly. Most of the time, this occurs on a subconscious level so we often don't even realise we're doing it.

* In this document, the term 'Coronavirus' refers to severe acute respiratory syndrome coronavirus 2, (SARS-CoV-2) which people commonly refer to as 'Coronavirus'. 'COVID-19' is the name of the new disease caused by this virus. The two terms are used distinctly in this document.

We are slowly being permitted certain freedoms which bring much needed benefits – exercise, social interaction, education and income to name but a few. When we think about the potential benefits from each of these actions, we should also assess any associated Coronavirus risks. This is also a conversation parents may consider having with older children and teenagers as they begin seeing friends again.

There are two key issues that are helpful to think about so that we can assess our interactions and try to avoid infection: (A) the risk of harm from Coronavirus; and (B) the risk of catching or spreading Coronavirus.

A. Risk of harm from Coronavirus

It's helpful to think of three things when considering the potential risks of Coronavirus.



Ideally, our interactions should be balanced so that they are in the middle of these risks.

Who is at risk of harm from Coronavirus?

In short, anyone.

Anyone can be afflicted with a 'mild' illness which by definition, would not require hospital admission. But it is worth remembering that within this category, there is a huge spectrum in severity of the illness.

> *"For most people—the vast majority of people—this will be a mild illness."*[6]
>
> – SIR PATRICK VALLANCE, CHIEF SCIENTIFIC ADVISER

Mild COVID-19 can range from minimal to no-symptoms (likely to be common), to a flu-like illness, to a debilitatingly prolonged course that can last weeks if not months, with ongoing symptoms that can include fatigue, breathlessness, chest pain and mood disturbances *(See Post-COVID-19 Syndrome section)*.

Whilst there are instances of low-risk people who have been struck down by the virus, these appear to be low in number.

However, certain groups are more at risk of serious illness and death compared to others.

Factors associated with more severe illness

> *"The virus targets people unequally and disproportionately. Right across the world, people are angry about racial injustice, black lives matter... as do those of poorest areas of our country which have worse outcomes and we need to make sure action is taken to level up the health outcomes of people across this country"*[7]
>
> - MATT HANCOCK, HEALTH SECRETARY

You can use this 10-point checklist to help to assess your risk of harm from Coronavirus and the risk to those close to you. Having these in certain combinations is associated with even higher risk - for example being older, male, from an ethnic minority and having health conditions like diabetes - although the full extent of how all 10 factors interact is not yet fully clear. However, it must be stressed that this should not strike fear or hopelessness but rather should encourage caution and awareness. Remember, the vast majority of people who get COVID-19 survive and the same goes for high-risk people in all the vulnerable categories below.

If much of this applies to you, your overall risk of harm from Coronavirus is increased. It is worth taking extra care to try and minimise the risk of catching/spread the virus (see next section) and to seek prompt medical attention if you develop COVID-19 and struggle to manage the symptoms. Furthermore, some people may require additional risk assessments to ensure workplace safety (see *Back to Work*).

Anybody can find benefit in improving their underlying health, whatever their level of Coronavirus risk. It is is certainly worth taking steps to ensure medical conditions are well-controlled and embracing changes to improve physical and mental health (see *Wellbeing in the pandemic*).

10-point checklist to help assess the risk of harm from Coronavirus

1. **Age:** Those over 70 are 'clinically vulnerable'. However, the risk from COVID-19 starts to increase exponentially from the age of 40. Compared with people under 40, the probability of death was about three times higher among those aged 40 to 49, nine times higher among those aged 50 to 59, twenty-seven times higher among those aged 60 to 69, fifty times higher among those aged 70 to 79 and seventy times higher among those aged 80 and over, as described by the Disparities in the Risk and Outcomes Review by Public Health England (PHE).[8]
2. **Male:** Biological male sex carries a higher risk of death, with an

analysis finding working age males diagnosed with COVID-19 twice as likely to die as females. Men made up 46% of diagnosed cases but almost 60% of deaths and 70% of admissions to intensive care units. These disparities exist after taking ethnicity, deprivation and region into account.[8]

3. **Clinically Vulnerable:** Anyone over 70, or anyone invited for a flu jab, is considered 'clinically vulnerable'. See government guidance for the full list of medical conditions that makes someone 'clinically vulnerable'. Death certificates that had COVID-19 on them also commonly mentioned diabetes, high blood pressure (and its associated diseases), chronic kidney disease, chronic obstructive pulmonary disease (COPD) and dementia.[8]

4. **Extremely Clinically Vulnerable:** Anyone with a medical condition who has been identified in the 'shielded' group - until recently, they have been advised not to leave the home under any circumstances. There are clear, specific guidelines online about precautions this group needs to to take to stay safe, although this will continue to be reviewed so stay up to date online.

5. **Pregnancy:** There is no solid evidence that pregnant women are more likely to become infected than other healthy individuals, or that COVID-19 causes miscarriages or developmental problems in pregnancy. However, since we know that women are more likely to become seriously unwell if they develop other significant respiratory infections in the late stages of pregnancy (e.g flu), pregnant women have been included in the vulnerable group as a precaution.[9] Women past 28 weeks of pregnancy, with underlying medical conditions or from a BAME background should take extra care as they are considered to be at higher risk. All women in the late stages of pregnancy should stay at home as much as possible, regardless of ethnicity. *(See Pregnancy)*.

6. **Obesity:** This in itself is a complex, poorly understood medical condition that requires urgent research and better understanding from

the medical community and beyond. Whilst studies have shown a relationship between obesity and worse outcomes from COVID-19,[8] more work is needed to find out what drives this exactly. Nobody should be shamed into thinking that COVID-19 is a lifestyle disease - this is wholly untrue.

7. **Ethnicity:** Black ethnic groups are most likely to be diagnosed with from COVID-19 and death rates are highest among people of Black and Asian ethnic groups.[8] *(See The Impact of COVID-19 on BAME communities).*

8. **Occupation:** There are some jobs where social distancing is difficult and employees are more likely to be in contact with others and exposed to the virus. The Office of National Statistics (ONS) reported that men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants and men working in construction and processing plants had significantly high rates of death from COVID-19. This is also the case for both men and women working in social care.[8] *(See Back to Work)*

9. **Deprivation:** People in deprived areas are more likely to be diagnosed with COVID-19 and get more sick from it than those in less deprived areas. A recent study states more research is urgently required to see what is driving this, since it cannot be clearly linked to things like medical conditions and other risk factors.[10]

10. **Urban living:** There are higher levels of infection in cities compared to rural areas.[8] Use https://covid19.joinzoe.com/data#levels-over-time to track infection levels in your area to help assess your risk.

Risk to society

If you go through this 10-point checklist and find that nothing applies to you or anyone close to you, it is still important to remember the impact of our actions on society.

The most vulnerable in our society have already paid the highest price: by the beginning of May 2020, nearly half of all COVID-19 deaths occurred in care homes. Correspondingly there have been significantly high levels of death in those working in social care.[8] Furthermore, those suffering from deprivation, poor health, in low paid jobs and from BAME communities are high risk and the actions of everybody in society directly impact this.

We all have the capacity to unwittingly spread this infection, even if we are well.

Apart from these moral and ethical considerations, there is the fact that ultimately, we all just want life to go back to normal. Further spikes of infection, repeated lockdowns, NHS pressures and the closure of schools affect us all.

B. Risk of catching/spreading Coronavirus

Some general principles to keep in mind:

- The virus spreads most commonly between people, particularly when they have symptoms.
- People are most infectious at the beginning of the illness and for 1-2 days before the onset of symptoms.[11]
- Anyone can spread Coronavirus, even if they don't have symptoms.
- Some people do not develop symptoms at all, but they can still spread it.
- That is why you should presume that anyone you have contact with could be carrying the infection, and they should presume you could be too.

So - stay home as much as possible; the more people you have interactions with, the more chance the virus has to spread. In particular, try to:

- Limit the number of people you see - especially over short periods of time.
- Avoid public transport when possible.
- Limit how many shops you go to.
- Avoid crowds.

If you develop symptoms, you and your household should immediately isolate.

8 measures to reduce the risk of spreading/catching Coronavirus when interacting with others:

When implementing measures to reduce the risk of spreading/catching Coronavirus, first think about who you are with:

- How likely are you to spread it to them? How often have you been around others in the past two weeks?
- How likely are you to catch it from them? How often have they been around others in the past two weeks?
- Are either of you at high risk of harm from Coronavirus?

The reality is that sometimes, you just won't know e.g in a shop. This reinforces the importance of the measures described below. And ultimately, if you/ your contacts decide you're not worried about catching it, bear in mind your capacity to spread it to others.

1. **Being outdoors:** This has a lower risk of spread compared to being in an enclosed space. If you are indoors, a large, well-ventilated space is preferable.
2. **Social distancing:** Keep at least a 2 metre distance from others. This is longer than most people realise – it's about the length of a broom. Remember the 2 metre distance is an estimate, not an exact science.

3. **Avoid crowds:** To reduce your number of interactions and to make it easier to socially distance.

4. **Handwashing:** Wash your hands for at least 20 seconds after every time you touch a surface (assume it's contaminated with virus), after you cough or sneeze (and make sure you cough or sneeze into a tissue or your elbow), after you come home and before you eat. And remember not to touch your face or mouth. When you're out, use alcohol gel hand sanitiser. If you wear gloves, remember you could spread the virus inadvertently – many argue that this is why hand washing is preferable.

5. **Face coverings:** This reduces the risk of spread from the wearer. This is particularly important since there are times when it is not possible to maintain social distancing. Remember, it does not make you invincible. You can still catch the virus – just look at all the healthcare workers around the world who have died despite wearing medical grade protection. Social distancing is essential.

> *Face masks vs face coverings – UK government guidance says that medical grade face masks (which can help protect the wearer from the catching the virus) should be reserved for medical professionals and front line workers, although they have stated they have adequate stocks of face masks to meet this demand. Face coverings are typically made of cloth and can be made at home. This can help prevent the wearer from spreading the virus, but does not protect them from catching the virus.*

6. **Short duration of contact:** Typically spending more than 15 minutes within two metres of an infected person e.g., talking to someone, increases the chance of spread. If you can't socially distance, try to keep the interaction short.

7. **Stand side to side:** Rather than face on to reduce the transmission of the virus.

8. **Social bubbles:** You may consider forming 'social bubbles' where you mix (whilst socially distancing) with the same group of people who you know and trust to adhere to safety precautions when they are not with you. This could help minimise spread and your risk of infection and may be worth considering particularly if you are at high risk of harm from Coronavirus infection. Stay up to date with government recommendations and be guided by this.

> *When mixing in your bubble, remember to adhere to hygiene measures like bringing your own cutlery, not sharing towels, wiping down surfaces e.g door handles, taps. Ensure strict hygiene measures during food preparation to avoid transfer of saliva onto food that is to be shared. Keep cleaning equipment to hand as visitors may need to use the bathroom. See government guidance for further details on hygiene measures to reduce the spread of Coronavirus.*

It is important to recognise how 'staying alert' can take its toll on mental health and wellbeing. Not everybody will share the same views and this will be a reflection of each person's individual journey. The antidote to this will be mutual respect, kindness and compassion. Be sure to take time for self-care in the days and months ahead (See *Wellbeing in the Pandemic*).



CURBING INFECTION

Remember the 3 main symptoms of COVID-19

- **New continuous cough**
- **Fever**
- **Loss / change of taste or smell**

If you or someone close to you has become infected with the virus, the following measures are vital in order to curb the virus and reduce its onward spread. As lockdown is lifted, these measures form an essential part of bringing the virus under control and needs everyone to fully adhere to them.

- **Isolate**
- **Test**
- **Test and Trace**

Current UK guidance is as follows:

- **Isolate:** if you develop any of the symptoms above, you must self-isolate for 7 days and your household must self-isolate for 14 days.
- **Test:** immediately order a test at www.nhs.uk/coronavirus or call 119.
- **Results:** if your test is positive, you must complete the rest of your 7-day self-isolation. Everyone in your household must also complete self-isolation for 14 days from when you started having symptoms. If your

test is negative, you and other household members no longer need to self-isolate.

- **Share contacts:** if you test positive, share details ASAP of the people you recently had close contact with and any places visited via the NHS Test and Trace service (you will contacted with details of this).
- **Alert from the Test and Trace:** If you receive an alert from the NHS Test and Trace service that a close contact has tested positive for coronavirus, you should self-isolate for 14 days from your last contact with them- even if you feel well – as you could go on to develop symptoms and infect others during this period. Your household does not need to self isolate but should avoid contact with you at home and take extra care, following guidance on social distancing and handwashing.

If you develop symptoms, then you should request a test as above and your household must go into 14-day isolation.

If your test is negative, it is crucial that you still complete your 14-day self-isolation period because you may have the virus, but it might not yet be detectable on a test, so you could unknowingly spread the virus if you leave the house. Other members of your household, however, do not need to remain in self-isolation.

Going beyond the guidelines

Here are 3 instances where you might consider going beyond guidelines and enhancing your measures to curb the spread of infection:

1. Isolating where you have symptoms even if they are not the 3 main symptoms.

There can be huge variation in symptoms of COVID-19. Given how infectious a person can be at the start of their illness, someone may unwittingly spread the infection before they develop the 3 main symptoms, or may not develop

them at all. Therefore, have a low threshold to suspect COVID-19 and if possible, consider self-isolation for you and your household even if you have not developed the 3 main symptoms. At the very least, try to minimise your contact with others. Seek medical advice if you feel unwell or are concerned. Note, it is unlikely that you will be eligible for a test if you do not have one of the 3 main symptoms.

Non-typical symptoms of COVID-19 include:

- Fatigue.
- Breathlessness.
- Muscle aches.
- Nausea.
- Diarrhoea.
- Unusual rashes.
- Chilblains of toes and fingers.

Sometimes these can occur before, in combination, or without, the 3 main symptoms of COVID-19.

Older people can often present differently.[12] Their symptoms of COVID-19 can include:

- Confusion.
- Delirium.
- Loss of function.
- General decline.
- Loss of appetite.
- Falls.
- Nausea/vomiting.

If an older person has any of these symptoms, seek prompt medical attention

and consider isolation for the affected person and the household - even without the development the 3 main symptoms. Your doctor will be able to advise you further on this.

2. Isolation for longer than current guidance requires

UK guidance states a symptomatic person should isolate for 7 days from the onset of symptoms (or until the fever subsides). If possible, you may wish to consider isolating for longer than this given:

- People can often deteriorate into the second week of symptoms after a relatively mild course, without necessarily having a fever.
- The World Health Organisation says to isolate for 14 days from onset of symptoms.
- A study showed an infected person can shed the virus for 17 days although it is unclear how long they are actually infectious for.[13]

Isolating for longer may save more lives.

3. Isolating even where a test result is negative

Roughly speaking, most of the (antigen) tests to detect current infection are 70% sensitive. That is to say that out of 100 cases of Coronavirus infection, the test will pick up 70 of them. This means a significant number of test results may come back as false negatives.[14]

If you or someone in your household has the main symptoms of COVID-19 but the test result is negative, strongly consider continuing isolation. This may save more lives.

Note the guidance also mentions that other infectious viruses could be responsible for symptoms with a negative COVID-19 result e.g. flu, so advises reduced contact with others if you continue to feel unwell.



THE IMPACT OF COVID-19 ON BAME COMMUNITIES

"This pandemic has exposed huge disparities in the health of our nation. It is very clear that some people are signficantly more vulnerable to COVID-19... Right across the world, people are angry about racial injustice, Black Lives Matter."[7]

- MATT HANCOCK, HEALTH SECRETARY

Health Inequality + Structural Inequality = Systemic Racism?

The PHE Disparity Review confirmed what many had known and suspected – that the impact of COVID-19 is disproportionately affecting BAME communities, as outlined below.[8]

- Diagnosis rates of COVID-19 were highest in people of Black ethnic groups.
- Death rates from COVID-19 were highest among people of Black and Asian ethnic groups.
- Black males x4 more likely to die from a COVID-19-related death than White males (accounting for age).
- Bangladeshis had x2 the risk of death than people of White British ethnicity (accounting for sex, age, deprivation and region).

- People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.
- Half of pregnant women admitted to hospital with COVID-19 were BAME, a recent study found, even after adjusting for factors like obesity, pre-existing medical conditions, age or living in cities.[15]

No evidence exists of an inherent biological trait whereby being non-White confers a greater risk of death or illness from COVID-19, although research continues. Furthermore, it is important to recognise the variation within broad ethnic groupings, and the shortcomings of the term 'BAME'. This term covers a very genetically diverse group of people based on either a darker skin complexion and/or cultural differences deemed to be 'non-European' in origin, so BAME people cannot be considered as a separate biological entity distinct from 'White' people. The inheritance of skin colour is independent of the inheritance of other biological characteristics e.g blood group, or propensity for developing diabetes.[16]

Ethnic minorities are not uniformly disadvantaged in terms of their health; pre-COVID-19 analyses have shown that those in better socio-economic positions have better health.[17] For example, variation for the three South Asian groups—Indian, Pakistani, and Bangladeshi—who are often regarded ethnically/genetically similar is well described; diversity in health experience across ethnic minority groups in the UK is paralleled by differences in migration history, patterns of settlement in the UK, and economic experiences.[18]

Co-morbidities

This describes the presence underlying health conditions that put people at higher risk of poor outcomes from COVID-19. The PHE Disparity Review recognises the high rates of co-morbidities in ethnic minority populations.

- People of Bangladeshi and Pakistani background have higher rates of cardiovascular disease than people from White British ethnicity.

- People of Black Caribbean and Black African ethnicity have higher rates of hypertension compared with other ethnic groups.
- Type II diabetes prevalence is higher in people from BAME communities.

A recent study has shown that ethnic minorities in hospital with COVID-19 were more likely to be admitted to critical care and be put on a ventilator than Whites, despite not being more sick when admitted to hospital, having symptoms for a similar length of time and being younger with fewer underlying co-morbidities. South Asians in hospital with COVID-19 were 20% more likely to die than Whites and this is was found to be due at least in part to more diabetes in South Asians.[19]

If you suffer from underlying medical conditions, it is important that these are well controlled - particularly during these uncertain times - to reduce the chance of becoming more sick from Coronavirus infection. Discuss with your GP if you have any concerns.

However, focusing on health promotion alone to tackle the disparity in outcomes of BAME communities merely skims the surface, and inappropriately shifts responsibility to the individual to solve their health problem. It does not address or change the deeper issues of social inequality and is therefore unlikely to bring about lasting change.[20]

Deprivation

Studies have shown that socio-economic differences make a large and key contribution to ethnic inequalities in health.[20] The Race Disparity Audit 2018 showed that ethnic minorities have lower quality housing, more overcrowding, live in the most deprived neighbourhoods and are disproportionately likely to be on low income and in persistent poverty –factors recognised to increase the exposure to COVID-19 amongst BAME communities.

However, a recent study notes that the markedly increased risk of in-hospital

death from COVID-19 in Asian and Black groups, contrary to some prior speculation, is only partially attributable to pre-existing clinical risk factors or deprivation and notes that further research into the drivers of this association is urgently required.[10]

The Race Equality Foundation Briefing Paper, 2014 described how policy must consider ethnicity distinctly to socioeconomic status when addressing health inequality, and that a failure to do so 'results in only a partial understanding of the social processes that produce poor health outcomes for minority ethnic people and the complex health patterns that exist within and between ethnic groups.'

Researchers have advised that the disparity in outcomes for ethnic minorities have important implications for policy, stating that ethnicity should be accounted for in the prioritisation of prevention, treatment and future vaccination policy. They have stressed that ethnicity and risk factors like diabetes need to be integrated into risk assessment tools as lockdown is eased and people return to work. This is especially important since ethnic minorities including South Asians are over-represented in frontline key worker and public-interacting occupations, and that guidance and policies should take this factor into account.[19]

BAME communities and COVID-19: Digging Deeper

Tambiah writes, 'In a general analysis two relevant issues that need to be addressed are: to what extent and in what way ethnicity modifies, incorporates or even replaces class conflict as a major paradigm for interpreting social conflict and change; and also in what manner ethnicity has impacted the aims and activities of nation-making and national integration'.[21]

There has been no compelling evidence that the disproportionate impact of this infection on BAME communities will not continue to be felt as lockdown is lifted. In the absence of more detailed analysis from Public Health England

or UK medical bodies, here follows an exploration of some of the known and possible race-related factors affecting health in the context of COVID-19 and beyond.

Providing context may be empowering, facilitate positive change and allow us to look beyond short-term measures to address these issues. Full analysis is beyond the scope of this document and further reading is highly recommended: https://raceequalityfoundation.org.uk/, https://www.runnymedetrust.org/ are excellent resources.

Perhaps an honest conversation is needed about the structures upon which the fabric of our society has been built upon, in order to contextualise how this may relate to the disparities in health outcomes of BAME communities and in doing so, facilitate meaningful change. The post-war migration of ethnic minority people into Britain was driven by a shortage of labour. The disadvantages that many of these migrants faced continue to have a direct impact on health outcomes today.[18]

Here are just a few examples of the factors likely to contribute to the worse outcomes of COVID-19 in BAME communities. Editor in chief of the British Medical Journal Fiona Godlee writes, "we cannot tackle COVID-19 unless we tackle racism."[22]

Working in environments with high risk of exposure to COVID-19

- BAME people are more likely to have jobs that expose them to Coronavirus, including health and social care.
- A disproportionately high number of BAME staff make up the NHS staff who died from COVID-19.
- The Institute for Fiscal Studies (IFS) found that a third of all working-age black Africans are employed in key worker roles, 50% more than the share of the white British population. Pakistani, Indian and black African men are respectively 90%, 150% and 310% more likely to work in healthcare than white British men.[23]

Workplace discrimination

Race driven workplace discrimination has been objectively and quantitatively measured across sectors.[24] This will affect the ability to advocate for one's needs, which is important to recognise since BAME people are more likely to work in high risk environments for COVID-19. This is increasingly becoming an issue that is recognised by leaders within healthcare. In 2015, the Workplace Race Equality Standard (WRES) was launched. This has provided evidence of the inequalities within the NHS in terms of experience and opportunities for staff from BAME backgrounds. Indeed, the February 15th 2020 edition of the British Medical Journal, titled: Born equal? Racism in Medicine, was entirely devoted to this very issue. This is to be welcomed but as the editors acknowledge, the rhetoric has to be matched by action.

Which raises the question: if there is evidence of racism at a professional level in the NHS, at what level could this be impacting patient care?

- An independent report of the NHS Blood and Transplant Service commissioned by the NHS was found to be 'systematically racist' with 'unacceptable treatment of black, Asian and minority ethnic colleagues' and 'poor management practices'.[25]
- Almost double the proportion of BAME doctors (64%) have felt pressured to work in high risk COVID-19 settings with inadequate PPE compared with 33% of doctors who identified as white in a British Medical Association (BMA) survey.
- BAME doctors said they were almost twice as likely to say they would not feel confident raising concerns than white doctors in a BMA survey.[26]
- At more than 147 NHS trusts, BAME staff were more likely to face disciplinary action than their white colleagues.[27]
- The ethnicity pay gap means that for every £1 a black female doctor earns, a white female doctor earns £1.19 and a white male doctor makes £1.38.[28]

- The boards of many trusts do not reflect the diversity of the NHS workforce. Only 7% of trust board members in England in 2016 were from a non-White background while the remaining 93% of board members were White.[29]
- An open letter from a Black student society was sent to their university to address the issue of racism within their medical school in 2020. It outlined numerous instances of racism. This included a senior doctor flippantly rhyming, "Eeny, meeny, miny, moe, catch a n***** by the toe," as a means of deciding who from a group of students should join him. The group included a Black medical student. Nobody said anything.

Race and health disparities – pre-COVID-19

The pandemic has brought this sharply into focus and the has wreaked devastation along existing fault lines.

- BAME groups generally have worse health than the overall population.[30]
- The UK Confidential Enquiry into maternal deaths found that between 2014-2016, Black women are five times more likely and Asian women twice as likely to die compared to White women in pregnancy.[31]
- The Fourth National Survey of Ethnic Minorities showed the self-rated health of Pakistani and Bangladeshi respondents was significantly poorer compared to White respondents, even when social class had been accounted for.[32]
- Most Asian groups express lower levels of satisfaction and less positive experiences of NHS General Practice services than other ethnic groups and there are differences in the prevalence of mental ill-health, its treatment and outcomes between ethnic groups.[18]
- The impact of migration is complex and poorly understood but issues can include cultural or language barriers in accessing services. There may be an accumulation of disadvantage across a lifespan known as

'weathering'.[18] The stress of migration itself can impact health known as 'acculturative stress'[33] and environmental stressors can 'follow' a person through their health journey, even after migrating to a different environment.

Experiences of Racism on General Health Outcomes

- *Nazroo* writes, "The British Fourth National Survey found that more than one in eight ethnic minority people had experienced some form of racial harassment that the past year".
- Experiences of discrimination are stressful and produce acute physiological effects.
- There is a relationship between experiences of racial harassment, perceptions of racial discrimination, and fear of racism on a range of health outcomes across ethnic groups.
- Reporting experiences of racial harassment and perceiving employers to discriminate against ethnic minority people are independently related to likelihood of reporting fair or poor health, and this relationship is independent of socio-economic effects".[17]

The Case of Belly Mujinga

Who was she?

Belly Mujinga, aged 47 worked at London Victoria Station. She moved to Britain from the Democratic Republic of Congo in 2000. She had an underlying respiratory condition for which she had previously required time off work

What happened?

On 21.03.2020, Belly and her colleague were working on the ticket hall of the station when a member of the public assaulted them: he coughed over them, spat at them and told them he was infected with COVID-19. Belly and her colleague reported the incident at the ticket office, asked for the police to be called and asked to be allowed to work from inside the building with a protective barrier between them and the public for the rest of that day and expressed concern for their safety. Management said they needed people working outside and sent them back out onto the concourse for the rest of their shift. They had no PPE. Both women went back outside to complete their shift. Within days of the assault, both women fell ill with the virus.

02.04.2020: Belly was taken to Barnet Hospital via ambulance, admitted to ITU and put on a ventilator. She died three days later (14 days after the assault).

British Transport Police (BTP) Response:

"Following a review of all the information, senior detectives have concluded that there is no evidence to substantiate any criminal offences having taken place, and that the tragic death of Belly Mujinga was not a consequence of this incident. As a result, the matter will not be referred to the Crown Prosecution Service. No further action will be taken against a 57-year-old man from London who was interviewed in connection with this matter." (29.05.2020)

"We want to be clear on why we decided not to take any further action – based on key witness statements and having reviewed the CCTV footage, there is no evidence of anyone spitting in this incident. Senior detectives are confident that this incident did not lead to Belly Mujinga contracting Covid-19. This is because the man in the CCTV footage who detectives interviewed as part of the investigation had a **negative antibody test result for COVID-19 in the time after the incident, therefore showing that he had never had the illness.** Following a review of all the information, senior detectives have concluded that there is no evidence to substantiate any criminal offences having taken place, and that the tragic death of Belly Mujinga was not a consequence of this incident. "As a result, the matter will not be referred to the Crown Prosecution Service." (30.05.2020)

What now?

BTP has asked The Crown Prosecution Service to review evidence into the death of the railway worker Belly Mujinga in recognition of wider public interest (05.06.2020). Belly is survived by her husband and 11 year old daughter. Her colleague survived infection and is recovering.

Her Union noted, "there are serious questions about her death, it wasn't inevitable. As a vulnerable person in the 'at risk' category and her condition known to her employer, there are questions about why GTR (her employer) didn't stand her down from front line duties early on in this pandemic. The assault she suffered at work was scary and we do not think the company treated it seriously enough."[34] **Of note: a negative antibody test result cannot conclusively mean a person has 'never had the illness'.** A Public Health England evaluation of the Roche antibody test had a specificity of 100%, but a sensitivity of 83.9%—increasing to 87% if the sample was taken 14 days or more since a person had developed symptoms. This means that, of the 93 samples taken from people who did have COVID-19, the test incorrectly said 15 were negative.[35]



BACK TO WORK

The government's advice is:

- Go to work if you cannot work from home.
- Avoid public transport: go by car, cycle or walk if possible.

'COVID-secure' workplaces:

- This is a misnomer, but employers should enable social distancing, facilitate hand washing and enforce numerous safety precautions to help keep employees safe. There are extensive guidelines online – read them to make sure your workplace is compliant: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19
- If you are pregnant and working, these are the guidelines from the Royal College of Gynaecologists and Obstetricians: https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-27-occupational--health--advice--for--employers-and--pregnant-women.pdf
- This is an occupational health guideline for at-risk NHS staff: https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf
- Here is a risk assessment tool for people working in NHS and Social Care: https://www.gov.wales/covid-19-workforce-risk-assessment-tool

What can you do if you feel unsafe at work?

"No one is obliged to work in an unsafe work environment."

- UK GOVERNMENT

Know your rights

1. Ensure you have a written contract, if possible.
2. Join a Union to safeguard your employment rights if you can. It can be hard to fight for your rights without support. This can be especially important if you are on a zero hour contract.
3. Familiarise yourself with your organisation's whistleblowing policy.
4. If you have concerns about your safety, always communicate them in writing rather than verbally. This gives you a timeline of events and can be useful if you need to escalate your concerns in the future.
5. Consider asking your Union to carry out an independent risk assessment of your workplace.
6. Speak to your Occupational Health and Human Resources Departments if you have them.
7. Your GP will not be able to do much unless you are medically unfit to work and need sick certification. Beyond this they may be able to give you a print out of your medical conditions upon request
8. See if your organisation has a BAME co-leader. The role may be called an Inclusion or Diversity Officer or something similar. This is a paid role and their job is to advocate for BAME staff welfare and concerns.
9. See if your organisation has a BAME network, and join it if applicable – this can help amplify voices. Consider setting one up there isn't one – it's free to do so.
10. Report your concerns to the Health Service Executive: https://www.hse.gov.uk/contact/concerns.htm and contact your Local Authority.

11. Contact Citizen's Advice Bureau for advice: https://www.citizensadvice.org.uk/work/coronavirus-if-youre-worried-about-working/
12. Write to your MP, they are there to help you: https://www.writetothem.com/
13. For NHS staff, Prerana Issar is Chief People Officer of NHS Improvement who you may wish to direct concerns to, if you wish to escalate your concerns higher up. Here is the NHS whistleblowing policy: https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/

General tips

1. Handwashing should be facilitated but if this is difficult, carry alcohol gel with you at all times and consider wearing gloves if appropriate. If you are unable to source any alcohol gel, you can make your own with 70% rubbing alcohol and a lotion (look online for 'recipes')
2. Wear a face covering, unless it is truly not appropriate to do so. If you are in a high risk environment and require personal protective equipment (PPE), ensure it is properly fitted. A draft NHS England proposal states if BAME health workers have failed fit tests for masks, "for face shape or facial hair purposes" NHS Trusts should "certify and redeploy" them.[36]
3. Ensure windows are open and enclosed spaces are well ventilated
4. If social distancing is not possible or adhered to, try to stay side to side or back to back rather than face to face.

Getting to work if you have to take public transport to work

- Wear a face covering.
- Avoid rush hour.
- Allow extra time for your journey to allow for queues or for taking

longer but less busy routes.

- If the train/bus/tram is packed, consider getting the next one if you have time.
- Try to avoid physical contact and face away from others if possible.
- Avoid touching surfaces and don't touch your face.
- Consider minimising your time onboard by getting off a stop early/walking part of the journey/picking a less busy route or station if possible.
- See below for more details on safer travel on public transport: https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers

Protecting high-risk people in your household if you have to go out to work

Many people will find themselves having to go back to work as they are unable to work from home, and will be concerned about bringing the virus home, particularly when it is difficult to socially distance at work and if there is a high-risk person in the household.

Overcrowding is known to affect BAME communities disproportionately and the increased presence of multigenerational households in these communities is likely to play a part in COVID-19 outcomes. We know a high number of BAME people work in the NHS and also as keyworkers which means that social distancing is simply not possible as these jobs mean require close contact with people and possibly high levels of disease as well.

Consider if elders/parents can stay in another household (e.g. with a relative or sibling) where everyone is fully isolating/working from home. Of course, this is often not possible nor desirable and our efforts need to be considered and measured.

The following measures may help and can become routine and seem second nature after a while. You may consider following these more closely if you work in higher-risk environments like health or social care where there is greater exposure to disease, especially if there is poor access to PPE and/or local transmission rates are high. These are suggestions, not rules so have a discussion between all the adults in the household and see what works best for everyone. There is a fine balance between being careful and going overboard; home should not be a place of fear.

- Knowing that older people are more likely to be adversely affected with infection, the priority is to keep them safe (or anyone high-risk at home).
- If you live in a multigenerational household, ideally everyone should stay indoors and minimise social contact as much as possible, and take measures to minimise risk of catching the virus when outside the home *(See Avoiding Infection section)*.
- As soon as you get home from work, wash your hands.
- Then change out of your clothes and shower before interacting with anyone (doctors have been known to get undressed on the front porch before setting foot into the house!) If you work in health or social care, follow your organisation's policy on uniform changing in the workplace.
- Wash your clothes at 60 degrees or the warmest setting advised on the label (cotton clothes will be better for this reason).
- Disinfect any door handles you touched on your way in.
- Consider trying to minimise your time in shared spaces with an at-risk person or try to keep a distance, particularly if you work in a high risk environment e.g. health/social care.
- If you share a bathroom with an at-risk person, wipe down the toilet seat and door handles with disinfectant.
- Consider minimising close physical contact with an at-risk person e.g. hugging/kissing.

- Children are considered low risk of harm from infection (unless they have been specifically identified as high risk) so do not distance from your children at home as this is likely to be unnecessary and could be psychologically damaging to them. However, try to shower and change your clothes after coming home before interacting with your children if you can.
- You may wonder whether to keep some distance between children and an at-risk person within the household e.g. a grandparent, in case your child carries infection from you to them, especially with very little ones who are blissfully unaware of the concept of hygiene. This may be difficult, particularly if they are too young to understand so use your judgment, do what's best for your household and keep any distress to the family to a minimum.
- Encourage everyone to wash their hands regularly at home, avoid touching their face and clean frequently touched areas.

Immediately self-isolate if you develop any viral symptoms. This means, among other things:

- Take extra care to isolate within the household and consider wearing a face covering in shared/communal areas.
- Keep the windows open when you go to the bathroom or kitchen and disinfect afterwards. Use a different bathroom if you have one.
- Don't share towels or utensils.
- Sleep in another room if you have one.
- A person is most infective when they have symptoms so aim to reduce contact with anyone at risk at this time. See government guidance for more details.



PART II

COVID-19 Toolkit

This section includes:

How to prepare

What to do if you get COVID-19

Health beyond COVID-19.



HOW TO PREPARE

The full impact of COVID-19 will extend beyond the disease itself, and there will be wider health implications due to reduced services and rationing of care. The following recommendations may help mitigate this.

In this section we cover

A. Preparing a care plan
B. Equipment at home
C. Skills to learn and practice

A. Preparing a care plan

- Go to https://www.coordinatemycare.co.uk/mycmc/ and follow the simple steps online.
- Do this for everyone in your household.
- Unlike your hospital or GP notes, this record is shared across the NHS so paramedics, 111, hospitals as well as your GP practice.
- You can record information about yourself, your health, your wellbeing and personal preferences.
- This can be vital, particularly in urgent situations when it is often difficult to communicate these details.
- If you do this, it will help everyone know who you are, what conditions you have, and how you want (and don't want) to be treated.

- This is especially important in the current climate when relatives may not be able to visit their loved ones in hospital.
- You may be hearing about care plans and end of life planning and ventilators and do not resuscitate orders.
- These are emotive and complex conversations and your medical team will always take into account you and your family's wishes and will always act in your best interests.

B. Equipment at home

Many GPs are working remotely and are trying to minimise the need for people to come to the surgery. Having certain equipment is very useful as it will help your GP assess you better over the phone if you become unwell (with COVID-19 or otherwise).

Thermometer

- Digital ear thermometers are recommended and are available in pharmacies, supermarkets and online.
- Make sure you sanitise/change the ear piece between use.

Blood pressure monitor

- Digital blood pressure monitors are recommended and are available in pharmacies, supermarkets and online.

Pulse oximeter

- These are very important when assessing someone with COVID-19. This is because often people can be relatively well for the first week of infection and then deteriorate into week 2, often without much warning.
- In COVID-19, oxygen levels can be very low in someone who might not look too unwell or may not even feel short of breath.
- We can use this equipment to detect someone who is likely to become

very unwell, before this happens and to monitor people once they become unwell with symptoms of COVID-19.

- Pulse oximeters are increasingly hard to get hold of but it is still possible online.
- Samsung phones can measure oxygen levels as well, although this is not validated to do so in a medical setting.

Forming a community network

- As some equipment may be increasingly difficult to obtain think about forming a community network.
- Know who has what already (e.g a relative with a BP machine, virtually anyone with a child will have a thermometer).
- Have a system where someone can safely collect and deliver the equipment.
- You could drop it through someone's letterbox and sanitise it when you get it back- wipe it down with an alcohol wipe after use and let it dry before touching it again and wash your hands thoroughly.

C. Skills to learn and practice

Being aware of certain skills will be useful if you become unwell with COVID-19 or otherwise, particularly as a lot of medical care continues to be done remotely and hospital visitors are often restricted.

Measuring pulse and breathing rate

- If you get sick (from COVID-19 or otherwise), it's quite possible the GP will ask you to do this.
- Have a go beforehand so you can be confident
- Read more and watch how to take your pulse and about breathing rates
- https://www.medicalnewstoday.com/articles/258118#finding
- https://www.medicalnewstoday.com/articles/324409

Teaching Elders how to FaceTime/make video calls

- If possible, see if you can teach them how to do this, on any level on whatever device is available to them.
- Many hospitals still restrict visitors so being able to use a device in this way can help make things easier if they are admitted to hospital for COVID-19 or indeed anything else.
- Some wards in certain hospitals have bought/been donated IPads in response to visitor restrictions, but availability is variable. Of course, staff will try to help patients stay in touch with their loved ones but resources can be limited.
- Being able to use technology can be empowering, particularly if there are any language barriers.



IF YOU GET COVID-19

COVID-19 can present in multiple ways. The majority of people affected will have mild disease but those who are older and/or have underlying health problems are at a higher risk of complications.

In this section we cover

A. Managing symptoms
B. Monitoring symptoms
C. Packing a hospital bag
D. Managing in an emergency
E. Post COVID-19 Syndrome

A. Managing symptoms

Fever, new persistent cough and loss or change of smell and taste are the main symptoms. If you develop these symptoms, you and your household should immediately self-isolate and you should order a test. Of note, other symptoms of COVID-19 can include shortness of breath, fatigue, body pain, headache, headache, dizziness and less frequently diarrhoea, nausea and abdominal pain.

- Drink a lot of water: keeping your kidneys hydrated is very important. Aim for at least 2 litres of water per day (unless you have been previously advised to have a fluid restricted diet).

- Take paracetamol or ibuprofen for fever.
- Speak to your GP if you take medication for diabetes as certain drugs may need to be stopped or changed. If you are diabetic and have a blood sugar machine at home, check your blood sugars more frequently. Seek medical attention promptly if blood sugars are rising or difficult to control, as sometimes this can be a sign of worsening illness.
- Try sleeping on your front if it's easy for you to do so. This is frequently done in intensive care units to better improve oxygenation in the lungs and people have reported symptom benefit even in mild disease. However, only do this if you're generally fit and mobile – don't persist with it if it's hard to get in and out of this position. It is also not advisable in pregnancy.
- If you feel well enough, try to sit up rather than spend most of your time lying down. This helps the air to circulate around your lungs better.
- Breathing exercises – aim to regularly take slow, deep breaths from the depths of your belly (most of us tend to breathe shallowly from our chests if we don't pay attention to it). Don't get dizzy or lightheaded doing it, so just remembering to do a couple of deep breaths every hour will help make sure air gets around your lungs properly. If it makes you cough or feel worse, then don't persist with it.
- There is increasing evidence that many of the complications from COVID-19 are related to blood clotting. The above measures may help reduce this risk - particularly staying hydrated, staying mobile and reducing time in bed.
- Keep ice cubes in your freezer: this is good for cooling down and quenching thirst when you're running a fever and may not feel like drinking.
- Make up some oral rehydration solution (available at pharmacies/ supermarkets) and freeze into ice cubes. This can be useful if you're feeling unwell with a fever or nausea or vomiting and are struggling to eat and drink.

- Keep some liquid paracetamol to hand - anecdotally people have found it brings down temperature quicker than tablets and it can be easier to take than tablets if you're not feeling well.
- Poor appetite and nausea can leave your tummy feeling quite uncomfortable so it is helpful to have some over the counter indigestion remedies at home which you can buy from the pharmacy.
- Isolate as much as possible from everyone in your household – see government guidelines on this.
- Assume you and everyone in your household is infected with COVID-19. You must not leave your house in accordance with government guidelines.

B. Monitoring symptoms

Mild symptoms of COVID-19 are managed at home as for any viral illness.

Using a pulse oximeter

- If you have access to a pulse oximeter – use it – even if your symptoms are mild. This is because we know that sometimes a person can have very low oxygen levels but not seem to be showing any signs of this e.g. they may not be breathless
- Follow the instructions and place it on your finger tip, so that the screen is facing upwards.
- Leave it for a few minutes and let the numbers settle. One number will be your pulse rate and the other your oxygen saturation percentage.

If the oxygen saturation percentage is below 96%

- Try putting it on a different finger and leave it on for a few minutes longer, as sometimes it can take a while to creep up.
- Try a few more times but if is persistently not going above this level, then speak to a doctor.
- The doctor will be able to evaluate this further with the clinical context and advise if this is significant.

C. Packing a hospital bag

Prepare a hospital bag like a pregnant lady would! Hopefully, it won't be needed. However, when people do get sick it often happens quickly and there isn't much time to prepare. Given that hospital visiting may be restricted, being prepared can help minimise stress.

Here's a checklist of what to pack:

- Toiletries
- Slippers
- Pyjamas/comfortable clothes/jumper/underwear/socks - though you would wear a hospital gown, it's good to have your own things
- Mobile phone + charger + headphones
- IPad + charger
- Articles of faith
- A few photos of loved ones
- Snacks
- Books
- Download apps/podcasts/TV shows/prayers audios. If this is for your parents/elder, make sure they are able to use this
- Write a list of everything you've put inside the bag with next of kin contact details and leave it towards the top of the bag.
- Tell the person who is going to hospital that the list is inside. That way they or a healthcare worker tending to them will know what's inside and can assist them with it.

D. Managing in an emergency

If you are not managing with your symptoms, you must get medical advice via your GP/111/999.

If you or a family member is experiencing worsening breathlessness and you are awaiting medical advice/an ambulance, these measures may help:

- Keep the room cool
- A cool flannel on the face
- Opening the doors/windows. Try to sit facing a window.

NICE recommends the following breathing techniques:

1. **Controlled breathing techniques:** These include positioning, pursed-lip breathing, breathing exercises and coordinated breathing training
2. **Pursed-lip breathing:** People inhale through their nose for several seconds with their mouth closed,
3. **Relaxing shoulders:** Relaxing and dropping the shoulders reduces the 'hunched' posture that comes with anxiety
4. **Sitting upright:** Sitting upright increases peak ventilation and reduces airway obstruction
5. **Leaning forward with arms:** Bracing a chair or knees and the upper body supported has been shown to improve then exhale slowly through pursed lips for 4 to 6 seconds. This can help to relieve the perception of breathlessness during exercise or when it is triggered ventilatory capacity.

E. Post COVID-19 Syndrome

It is increasingly recognised that for some people, recovery from COVID-19 infection can be long, slow and difficult. Issues can include:

- Muscle weakness and joint stiffness
- Extreme tiredness (fatigue) and a lack of energy
- Loss of appetite and weight loss
- Sleep problems
- Problems with mental abilities – for example, not being able to remember some events, think clearly and being forgetful

- Changes in your mood, or anxiety or depression
- Nightmares or flashbacks
- Post-traumatic stress disorder (PTSD)
- Breathlessness and fever can persist for a long time in COVID-19, but it is very important to speak to your GP as these may require investigations to rule out other serious medical conditions.

This is a comprehensive, holistic resource on how to manage symptoms during the recovery from COVID-19: https://covidpatientsupport.lthtr.nhs.uk/#/



HEALTH BEYOND COVID-19

Even without infecting us, the impact of this virus extends to all facets of our health and wellbeing. The physical and mental health effects of lockdown are now well recognised and the cautious easing of restrictions should hopefully go some way to help mitigate this.

In this section we cover practical advice for health beyond COVID-19 infection:

A. Children
B. Pregnancy
C. Contraception
D. Mental health
E. LGBTQI health needs
F. Domestic abuse
G. GP services
H. Hospital services
I. Emergency services
J. Bereavement
K. Wellbeing in the pandemic

A. Children

If your child is unwell:

- Seek medical advice in the same way you would have before the pandemic.
- Speak to your GP or access emergency services like you would have done before; it can be confusing, but we know that sick children have been coming in to hospital far too late.
- If you are worried and not happy with the advice given by your GP or 111, particularly if your child has not been physically seen, then speak to a GP again or take them to A+E – like you would have before.
- Most hospitals have separate 'cold' and 'hot' sites with separate A+E entrances so that COVID-19 patients are separated to reduce infection risk.

Get your child vaccinated as usual:

- GP surgeries continue to provide this essential service- please don't delay unless you or someone in your household has symptoms, and speak to the surgery to reschedule this.
- If there's one thing this pandemic has shown us, it's the importance of vaccines!

PIMS-TS: COVID-19 Inflammatory Syndrome in children

- A rare, severe multisystem inflammatory syndrome has been identified in children associated with COVID-19 infection, likened to Kawasaki Disease.
- Thankfully, this is extremely rare and if identified and treated early, the outcome is excellent.
- PIMS-TS appears to be more likely to affect older children (average age nine years old) and often presents with abdominal pains and diarrhoea alongside the common features such as persistent fever but the symptoms can be wide-ranging. It also appears to affect a higher proportion of Black and Asian patients.[37]

- The take home advice is to have a low threshold to get medical advice if worried about viral symptoms – just as you would have before. In particular, fever, particularly if high, unrelenting, persistent and lasting more than 5 days with a rash or abdominal symptoms, speak to your GP.

Back to School

- A slow, phased return to school has begun with social distancing measures.
- The evidence does not suggest children are 'super spreaders'.[38]
- The impact of lockdown has deeply impacted children and their famiilies, particularly those from vulnerable backgrounds.
- The risk of harm to children from Coronavirus is low whilst harms from continued lockdown in terms of physical and mental health and educational attainment is balanced against this.
- It is an individual family decision that may be influenced by whether there are high risk members of the family within the household (although the overall data so far suggests that children are infected by adults within their household, not the other way round).
- Parents will not be penalised for not sending their children into school if they so wish- but this may change come September 2020.

B. Pregnancy

- Pregnant women can be generally reassured their risk is low from COVID-19 (although they are still classified as a vulnerable group)
- Guidance now states that pregnant BAME women should be told at each contact with a health professional that they may be at higher risk of complications of Coronavirus, and advised to seek help early if they are concerned about their health. This is in light of recent findings that half of pregnant women admitted to hospital with COVID-19 were BAME.

- Emerging evidence suggests that transmission from a woman to her baby during pregnancy or birth is probable.[9]
- It is important to emphasise that in all reported cases of newborn babies developing coronavirus very soon after birth the baby was well.
- Many Early Pregnancy Assessment Units will telephone triage first before bringing anyone to the unit but these services are very much still open so please do not hesitate to seek help for any problems in early pregnancy like bleeding or abdominal pain.
- Antenatal care is generally a mix of face-to-face and remote appointments. In-person assessments in pregnancy including physical examination are very important for the health of mother and baby. There are strict measures in place to reduce infection risk so please don't avoid going to hospital. Similarly, if you have any pregnancy-related concerns (e.g. abdominal pain, bleeding or baby having reduced movements) always seek help via your GP or Labour Ward.
- Most units currently allow one birthing partner to attend a woman's labour as long as they are well. Birthing centres are still open.
- Many areas no longer offer home births due to staffing shortages
- Birthing partners cannot stay on the postnatal wards after the baby is born
- Until now, some GPs have advised pregnant women to buy blood pressure machines, urine dipstick strips and tape measures as much antenatal care is being done remotely, but discuss these provisions with your midwife.
- There may be wider implications of social distancing and isolation on a new mother in the postpartum period.

C. Contraception

- Advice for women seeking contraception, abortion and other sexual and reproductive healthcare during the COVID-19 pandemic from the

Faculty of Sexual and Reproductive Healthcare here: https://www.fsrh.org/how-to-access-contraception-coronavirus

- NHS Choices website has more information and the Family Planning Association has a summary table which is helpful and can be accessed via: www.fpa.org.uk/sites/default/files/your-guide-to-contraception.pdf
- Hormonal contraception is considered most effective and can be started by your GP over the phone. Having an up to date weight and blood pressure is helpful for this.
- These free online services are available which work in conjunction with the NHS to provide sexual health services and contraception: www.shl.uk and www.sh24.org.uk.

D. Mental health

- COVID-19 is causing a parallel pandemic of mental health disorders due to a combination of fear and uncertainty, loss of routine, employment, income, and loved ones, being isolated or the strain on families being quarantined together for prolonged periods.
- Common conditions that have significantly increased are depression, stress and anxiety.
- GP surgeries and mental health services have reconfigured their service delivery model to support patients in crisis.
- It is important to continue taking any prescribed medication and to continue therapy sessions which have moved to a telephone-based system.
- A comprehensive resource specific to mental health in the pandemic is available here: https://www.nhs.uk/oneyou/every-mind-matters/coronavirus-covid-19-staying-at-home-tips/
- The Black African and Asian Therapy Network specialize in psychological therapies for people who identify as Black, African, South Asian and Caribbean as well as other People of Colour

https://www.baatn.org.uk/

- https://www.blackmindsmatteruk.com/ connects black individuals and families with professional mental health services across the U.K, and can also provide funding.
- The Chinese Mental Health Association supports Chinese people who suffer from mental health related issues and problems as well as support for their carers who may not be familiar with all the nuances of traditional Chinese culture http://www.cmha.org.uk/
- https://lgbt.foundation/coronavirus/wellbeing has a fantastically comprehensive wellbeing hub for those who identify as lesbian, gay, bisexual and trans
- There are a number of Muslim organisations offering counselling and psychological services, you can find details of counsellors on the Muslim Counsellor and Psychotherapist Network at https://www.mcapn.co.uk/. Muslim Youth Helpline offer online chat/email and phone support on 0808 808 2008 available for Muslims of all ages. Inspirited Minds also offer online support: https://inspiritedminds.org.uk/

E. LGBTQI health needs in the pandemic

- It has been demonstrated that the impact of intolerance, prejudice and rejection within the lesbian, gay, bisexual, transgender, queer and gender diverse (LGBTQI) experience can exacerbate health inequalities and have a negative impact on health outcomes compared to the general population.[39]
- A group of United Nations and international human rights experts have urgently called for the impact of COVID-19 on LGBTQI people to be recognised when designing, implementing and evaluating the measures to combat the pandemic.[40]
- There is no evidence that LGBTQI people are more likely to catch COVID-19 or that mortality rates are higher in this group.
- However due to a number of health inequalities that LGBTQI people experience, some sections of LGBTQI communities may be at higher

risk from being severely affected by the virus.[41]

- The impact of safety measures like social isolation can be particularly harmful to LGBTQI people because of the inequalities already faced pre-COVID-19.
- The LGBT Foundation describes that LGBTQI people experience poorer outcomes in a wide range of areas, but that mental health, sexual health and trans health are key areas in which impact is likely to be acutely felt.
- LGBTQI people are also more likely to be disabled, or living with a long-term conditions, and may be 'multiply marginalised'.
- LGBTQI people may benefit from nuanced health advice and guidance that recognises their needs and acknowledges their experience

More help can be found here:

- http://lgbt.foundation/coronavirus
- https://www.stonewall.org.uk/help-advice/covid-19-help-and-advice

F. Domestic abuse

- We know the lockdown has been especially hard for those with difficult domestic circumstances, with a surge in domestic abuse.
- Government guidance is clear that the household isolation instruction as a result of Coronavirus does not apply if you need to leave your home to escape domestic abuse.
- Stay in touch with those at risk, check in regularly and offer support and advice to get help
- A comprehensive resource is available here: https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse

G. GP services

- General Practice is very much open - many GPs are working remotely and will bring you in for review if needed, so please call if you need them.
- Referrals are still happening to hospital for suspected cancer and other urgent care.
- GPs are getting advice from secondary care specialists about many things, so help is available.
- Facemasks are to be worn by everyone in GP surgeries.

H. Hospital services

- Outpatient services and elective (planned) operations are slowly resuming.
- Many services are being done remotely, whilst others are now face to face.
- Emergency services have always been and continue to be available.
- Facemasks are to be worn by everyone in hospitals.

I. In a medical emergency

- Call 999 – just as you would have done before.
- There is concern that people are not seeking medical help when they should be.
- As previously mentioned, care is being taken to reduce the spread of COVID-19 in hospital, so please don't suffer alone.

J. Bereavement

- We are now facing the devastating reality of losing loved ones whilst having to remain socially distant. Stay up to date with government guidance which is rapidly changing to see what is permitted in terms of visiting people.
- Though it goes against our human instincts and all cultural norms, try to avoid gatherings. Consider using video/audio calls if possible, or if there is outside space, consider using this so that you can bring comfort to the bereaved whilst minimising the risk of bringing/spreading infection.
- Of course, there are certain circumstances where you need to be together with the bereaved and this is completely understandable. Check to see what current government guidance permits so you know where you stand when you make your decision about what to do. Take care to consider if the person you are seeing is at high risk of harm from Coronavirus and whether it might be appropriate for you to wear a face covering for their protection (e.g an elderly family member).
- In this deeply upsetting scenario once you make close, sustained contact consider quarantine for you and your household for 14 days (even without developing symptoms) to avoid the risk of spreading the virus, if you think you may have been exposed to it during your visit/stay. Currently, this is not mandated by the government but rather it is a suggestion to reduce the risk of spread of infection, if you find yourself needing to 'break the rules'.
- If you or anyone in your household develop symptoms of COVID-19, you should reset the clock and restart the isolation timings as per government guidelines and organise testing.
- Counselling services are available through CRUSE Bereavement support and through faith and local organisations.
- Support can also be found www.dyingmatters.org

K. Wellbeing in the pandemic

Our strange new reality is unrecognisable from what we imagined for ourselves at the turn of the year. Many of the structures, processes and routines that gave meaning to our lives instantly disappeared when we went into lockdown. Loved ones and livelihoods have been lost. With restrictions being eased, we can begin to piece back together at least some of our lives, but much remains confused and disorted.

Acknowledging the burden that this alone places on our wellbeing is important before we deal with the more easily identifiable consequences on our health. At the same time, there is beauty in change. Cultivating resilience means that wherever we are in our journey, we can find strength and courage in the face of hardship.

"The wound is the place where the light enters you."

- RUMI

Here are some tips that may help you through this period:

1. **Exercise:** beyond the obvious benefits to physical health, it also positively impacts mental health. It can provide structure and routine to your day. If you exercise outside, it can help connect you with nature and get you out of the house at time when there's not many places to go to!

2. **Eat well:**

- Being stuck at home without structure or routine can easily descend into a slow and steady stream of snacks until bedtime.
- Boost your energy levels by eating more whole, unprocessed foods – an easy general rule is to try to avoid food that comes out of a packet.

- Set a timer on your phone for breakfast, lunch, dinner and a small snack between each meal, and try to stick to it.
- Aim to drink no more than 3 caffeinated drinks a day but if you're desperate, you can have a boring herbal tea.
- Fill up a jug or water bottle to help you remember to drink enough water.

3. **Human connection:** Now that we're allowed out, make the most of the good weather and see a few friends/family from a distance. Use your judgment as to who is sensible to see (for example, perhaps avoid seeing particularly vulnerable people).

4. **Social media:** We would be lost without technology during this pandemic. Stay connected via your devices and social media. However, recognise that our friend is also our foe: set a limit for how much you consume online and remember to switch off. The constant stream of information with live updates of virus and its impact around the world is not only unnecessary, but can be damaging to our mental health.

5. **Kindness to others:** We have all been pushed to our limits and have often not been our best selves. Opinions will differ as we come out of lockdown but meet those differences with understanding and grace.

6. **Kindness to ourselves:** Practising self-love does not require us to reject the trappings of modern life and move to a commune in the wilderness. In these bizarre, fractured times, it can be as little as allowing oneself to indulge in the simple pleasures that bring joy. Being kind to ourselves means accepting that though we are imperfect, we are enough.

7. **Stop making goals:** #lockdowngoals may work for some, but for many it is a weight and a burden. We did not arrive at this situation of

our own volition. The narrative that this is 'dead time' that should be put to good use to master a skill or a hobby is not helpful for many people and does not acknowledge the sense of loss that many experience.

8. **Volunteer:** Apart from benefitting the communities around us, it is well established that doing things for others makes us feel better. You can volunteer your time online or on the phone as well as in person, which is important to consider when social distancing.

9. **Gardening:** If you have outdoor space, this is the perfect time to start gardening if you've never tried it before. The benefits of gardening on physical and mental health are well documented. If you don't have outdoor space, planting some seeds and growing a plant on a windowsill can still be rewarding.[42]

10. **Journalling:** This can be a technique to clear the mind. It can help deal with excessive thinking, rumination and general stress, particularly when used to derive meaning from events. There is evidence that writing which focuses on thoughts as well as emotions can help develop a greater personal awareness of the positive benefits that can result from a stressful life event.[43]

11. **Meditation:** Mindfulness refers to maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment. Mindfulness does not mean that we stop thinking altogether. Instead, it refers to being aware of our thoughts and observing them, rather than becoming engulfed within them. This is just one meditation technique to try - Insight Timer, Headspace and Calm are apps that can help you get started with meditation which are well known to positively impact mental health. Others are embedded within physical practices like yoga and tai chi that you can try via YouTube or apps as well.

12. **Practising gratitude:** Whether it's using a journal, keeping a gratitude jar or just making notes on your phone, cultivating a practice of actively seeking out, recognising and noting down moments of gratitude has well known mental health benefits.

13. **Prayer:** Faith has helped many through the crisis. This is obviously a deeply personal decision and will not resonate for all. Places of worship for across England will be permitted to open for individual prayer on 15.06.2020 and will ensure social distancing measures are implemented. High risk individuals need to proceed cautiously and take extra care to avoid crowds.

"When the world pushes you to your knees, you're in the perfect position to pray."

- RUMI

14. **Supplements:** there is much talk of supplements and COVID-19. Here are the commonly mentioned ones in the media:

Vitamin D

- We should all be taking Vitamin D supplements in the UK
- NICE (National Institute for Health and Care Excellence) recommends 400IU per day for prevention of Vitamin D deficiency
- Scientists are exploring a link between adverse COVID-19 outcomes in BAME populations and Vitamin D but it is too early to tell if it is causal.
- UVB exposure (sunshine) is the major contributor to Vitamin D levels in the UK. Evidence suggests that vitamin D can be produced in summer at the latitude of the UK with minimal risk of redness and cell damage (both risks for developing skin cancer) by exposing the skin to

sunlight for a *short* period at midday, when the intensity of UVB is at its daily peak.[44]

- Dietary sources of Vitamin D are limited and include eggs and oily fish
- Most dark skinned people have low Vitamin D so may benefit from at least 1000IU supplements per day

Vitamin C

- High dose intravenous (IV) Vitamin C has been used in some COVID-19 treatment hospital treatment protocols
- Pre-COVID-19 data shows high dose IV Vitamin C has a role in treating pneumonia and in critical care patients,[45, 46] but this is not something that can or should be replicated at home.
- Dietary sources of Vitamin C include green leafy vegetables, citrus fruit, blueberries, strawberries and peppers. You should be able to meet your Vitamin C intake requirements by having a varied, balanced diet. However, taking less than 1,000mg of vitamin C supplements a day is unlikely to cause any harm.[47]
- There are no current recommendations to take high dose oral Vitamin C at home for the treatment or prevention of COVID-19.

Zinc

- Zinc has previously been described to have a role in antiviral immunity and to have an effect on the recovery rate of the common cold.[48, 49, 50]
- A trial is currently underway looking at oral Zinc and Vitamin C supplementation in COVID-19 for outpatients – the results are not yet out.[51]
- Dietary sources of Zinc include beans, nuts, pulses, tofu, oats, beef. You should be able to meet your requirements by having a varied, balanced diet. If you take supplements, take no more than 25mg per

day unless recommended by your doctor. Taking high doses of zinc can cause anaemia and weaken bones.[52]

- There are no current recommendations to take Zinc for the treatment or prevention of COVID-19.

For more about holistic health from a doctor's perspective, visit www.happywisewell.com

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