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## PRIMARY COLOUR

## Helen Salisbury: Discouraging self-isolation with covid

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Every day, all over the country, NHS workers go to work even when they don't feel very well. Some do so because they know that wards and surgeries are short staffed even without an additional absence, and they feel a sense of obligation to colleagues. Doctors in particular are notorious for not taking sick leave when they need to, essentially failing to follow the advice they'd give their patients. But presenteeism is also driven by the knowledge that employers keep track of sick leave, and sanctions such as reduced pay are usually applied if staff exceed a certain number of days' absence each year.

For the past two years, normal rules have been suspended with the introduction of special covid leave arrangements,<sup>1</sup> including full pay for time spent isolating or ill with covid. However, we've recently learnt that these rules will end this week.<sup>2</sup> It's difficult to understand the thinking behind this decision. Not only is it grossly unfair but it also seems guaranteed to maximise the spread of the virus.

Healthcare staff, by the nature of their job, are vulnerable to occupational exposure to coronavirus, and a healthcare assistant on a respiratory ward or a doctor in the emergency department is likely to meet infected patients every day. In many workplaces the protective equipment supplied is inadequate, so staff are meeting unmasked patients—one in 30 of whom is likely to have covid—with only a flimsy surgical mask for protection against an airborne virus. Staff who don't get full sick pay will now face being penalised for absences due to infections most likely caught in the line of duty.

Equally seriously, this rule change is bound to affect staff who are deciding whether or not to self-isolate with mild respiratory symptoms. Following the path of infection among my own patients and family, I know that the sore throat and malaise of the omicron variant can precede a positive lateral flow test by at least two days, and it's at precisely this stage that people are most infectious to others.<sup>3</sup> If you actually wanted to increase the spread of SARS-CoV-2 in healthcare settings, discouraging staff with symptoms from self-isolating would be high on your list of strategies. Not everyone has a mild illness, and the knock-on effects of this policy will be more staff absent with debilitating symptoms of covid, and more patients with hospital acquired infections.

Staff who are unlucky enough to develop long covid, who may take many months to fully recover, will be particularly hard hit by the changes. Many will be forced to either attempt to return to work while still unwell or suffer financial hardship.

As independent contractors to the NHS, general practices can continue to protect their colleagues and

patients, encouraging staff to stay at home if unwell, with no sanctions. Although we all fervently wish that the pandemic was over, the data tell a different story: this change in rules, demonstrating a toxic blend of wishful thinking and punitive employment practices, is tailor made to prolong it further.

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- 1 NHS Employers. Sickness absence during covid-19: details on managing sickness absence during the covid-19 pandemic. 3 Sep 2020. <https://www.nhsemployers.org/articles/sickness-absence-during-covid-19>
- 2 BMA. Decision to end special covid leave for NHS staff is "completely unacceptable" putting patients and healthcare workers at risk, warns BMA. Reviewed 2 Jul 2022. <https://www.bma.org.uk/bma-media-centre/decision-to-end-special-covid-leave-for-nhs-staff-is-completely-unacceptable-putting-patients-and-healthcare-workers-at-risk-warns-bma>
- 3 Johnston C, Hughes H, Lingard S, Hailey S, Healy B. Immunity and infectivity in covid-19. *BMJ* 2022;378:e061402. <https://www.bmj.com/content/378/bmj-2020-061402>. doi: 10.1136/bmj-2020-061402 pmid: 35777812