

COVID-19 OUTBREAK PLANNING

GUIDANCE FOR EMPLOYERS - RACECOURSES

This document has been developed to provide guidance to racecourses to help them support their staff when faced with dealing with Covid-19 in the United Kingdom.

Information about the virus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties.

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

Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan City, China.

The [NHS website](#) has more information about how coronavirus is spread and answers [common questions about the virus](#).

Coronavirus (COVID-19): latest information and advice Information for the public on the outbreak of coronavirus in China, including the current situation in the UK and information about the virus and its symptoms.
Published 24 January 2020 Last updated 27 February 2020 — see all updates
From: Department of Health and Social Care and Public Health England

Recent weeks have seen an epidemic caused by Covid-19 in China spread rapidly across the world causing considerable ill health, some deaths and widespread disruption to the normal functioning of society in the affected areas. The World Health Organisation and the British Government are now worried that we now stand on the brink of a global pandemic. This means that the virus is spreading freely between people and that people in most parts of the world can be infected by it.

It is likely that should a pandemic virus establish itself in the UK that the normal functioning of our society will be significantly affected, and with that there will inevitably be some disruption to the horse racing industry.

This guidance should be read in conjunction with advice for employers from the UK Government which can be found at:

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19#cleaning-offices-and-public-spaces-where-there-are-suspected-or-confirmed-cases-of-covid-19>

The government guidance has been developed by Public Health England and the Department of Business, Energy and Industrial Strategy. It is replicated for convenience as Appendix 1. It outlines some prudent actions that employers

can take to prevent their workforce from becoming ill, and what to do should someone become ill.

It is necessarily generic advice and this document **adds some specific suggestions for the horse racing industry** to help them prepare for any pandemic that might occur.

The reader should be aware that at the time of writing (28th Feb 2020) a pandemic has not been declared, and this advice is to allow you to plan and prepare should it actually happen.

In addition to this guide the RCA has developed additional more detailed planning guidance for racecourses that cover:

- Pandemic planning and preparations,
- Infection prevention and control,
- Advice for preparing an isolation area,
- Hand hygiene,
- Managing people with suspected infections (aimed at medical teams),
- Disinfection procedures,
- Dealing with body fluids.

This will allow racecourses to make plans to protect their staff, the public and the wider interest of the racing industry as far as is possible.

All employers, large and small, have a duty of care to their staff. This document sets out a series of suggested simple actions that prudent employers in the horseracing industry can take should the wish to protect their staff, their families, themselves, their businesses and society as a whole, should the Covid-19 virus develop as a widespread problem in UK.

This guidance should always be read in conjunction with that which is disseminated by the UK Government through its' Public Health organisations.

It is suggested that racecourses consider the following points to help them prepare. It is appreciated that not all of the suggestions will be relevant to everybody, but the basic principles of preparation and planning stand regardless of your role in horseracing.

- Carry out a risk assessment: consider what your business' critical roles and functions are, and what the minimum number of staff are that are required to keep the business running as normal
- Assess risk to staff who stay in live-in accommodation – proximity to infected people is a major risk factor. What advice have you given them? What infection prevention and control measure might be needed?
- Establish if you need to set up a special management processes to oversee pandemic preparedness.
- Establish who will take over if someone is absent.

- Review major incident, business continuity, abandonment plans. Are they adequate? Do they need updated? Are the relevant people aware of their roles?
- Establish insurance position in event of abandonments. Who needs to call the meeting off, for you to have a valid claim?
- Discuss at an early stage with medical, nursing and ambulance providers what their position will be if a pandemic is declared:
 - will they be able to continue to support racing?
 - will they have their leave or days off cancelled?
 - will a private ambulance service be redeployed to support the NHS ambulance service?
 - do you have access to enough non-NHS staff that might be able to support you?

NB BHAGI 11 Minimum medical standards will still need to be met.

- Discuss contingency plans with key suppliers e.g., catering, transport, security, cleaning supplies, pharmacy etc. to ensure continuity of service and supply for as long as possible.
- Discuss with Police and other emergency services, if applicable, what their position will be. Will they be unable to support racing or can they continue?
- Consider cross-training staff so that vital functions can be covered if someone is not able to get in to work.
- Consider how you will deal with paying staff that are advised to self-isolate, even if not unwell.
- Establish what staff levels are required to race 'behind closed doors'.
- Consult with owners with regard their need to be present at course if racing behind closed doors actually occurs.
- Assess if some staff can usefully work from home.
 - Do they have access to IT systems?
 - Do they have equipment to facilitate this?
 - Is it practicable?
- Assess your business readiness in terms of infection prevention and control. In particular consider:
 - Staff training needs in hand hygiene and environmental cleaning
 - Supply requirements of detergent, disinfectant and personal protective equipment (particularly for cleaning and medical staff)
 - Hand hygiene readiness e.g., ensuring hand washing in washrooms with soap and water, alcohol-based hand-rub where necessary and the use of disposable paper towels rather than hand blowers and towel rolls.
 - Hand hygiene signs in washrooms and medical facilities.
- Discuss with all your staff if they have any individual, family or carer responsibilities or concerns that would affect their being at work. Specifically consider:
 - Personal health issues (e.g., respiratory disease, immune deficiency)
 - Carer responsibilities for elderly people or vulnerable children

- Problems with childcare if schools are closed
 - Problems getting to work if mass transit is badly affected
- Consider if you need to deploy 'Stop' signs on entrances to buildings and racecourses to encourage people to consider their health status, travel history (for as long as this is relevant), and exposure to infected people before they enter your premises. RCA has developed some for your use.
- Consider triaging the public should they wish to access a racecourse medical facility.
 - Consider whether a security presence will be required to support this.
 - RCA have developed a flowchart that will help you manage this.
 - Consider staff training needs if this pathway is to be used.
- Maintain a log of personnel on site at all times. This will facilitate public health contact tracing, for as long as this is in place.
- The government have suggested that when possible you maintain a list of members of the public who attend your premises for contact tracing purposes. This will probably only be possible for small numbers and you should decide when and indeed *if* you try to do this.
- Ensure all staff are aware of what they should do if a potentially infected person makes themselves known whilst on the premises. RCA has produced a guide in the form of a flowchart to help you do this.
- Ensure that an isolation area is identified for a) your staff and racing interests e.g., jockeys, grooms, groundsmen, stablemen and b) the public. This could be for example: any room with a door, an ambulance, a car. When choosing the location(s) try to avoid using areas that if occupied would impact the smooth functioning of those premises.
- Ensure any isolation area is suitably equipped to support a person in temporary isolation. RCA has produced separate guidance on this.
- Ensure all medical and ambulance staff that work with you are fully aware of your plans, and that you are aware of theirs.
- Consider adding a section about your Covid-19 plans in standing orders and pre-race briefings for all staff.

APPENDIX ONE

COVID-19: Guidance for employers and businesses. Published February 25th 2020. Public Health England

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19#cleaning-offices-and-public-spaces-where-there-are-suspected-or-confirmed-cases-of-covid-19>

1. Background and scope of guidance

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

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

2. Information about the virus

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

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

3. Signs and symptoms of COVID-19

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

- cough
- difficulty in breathing
- fever

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

4. How COVID-19 is spread

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

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

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

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

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

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

5. Preventing spread of infection

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

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

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

If you are worried about symptoms, please call NHS 111. Do not go directly to your GP or other healthcare environment.

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

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

People who have returned from Hubei Province, including Wuhan, in the last 14 days should self-isolate whether they have symptoms or not. This includes avoiding attending an education setting or work until 14 days after they leave Hubei Province.

People who have returned from Hubei Province, including Wuhan, in the last 14 days should avoid attending work. They should call NHS 111 for advice and self-isolate

Advice is in place for [what to do if you have returned in the last 14 days from specified countries or areas](#) which is being updated on an ongoing basis.

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

At present, FCO advises against all travel to Hubei Province due to the ongoing novel COVID-19 outbreak. The FCO also advises against all but essential travel to the rest of mainland China (not including Hong Kong and Macao).

6. How long the virus can survive

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

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

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

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

See [hand washing guidance](#).

7. Guidance on facemasks

Employees are not recommended to wear facemasks (also known as surgical masks or respirators) to protect against the virus. Facemasks are only

recommended to be worn by symptomatic individuals (advised by a healthcare worker) to reduce the risk of transmitting the infection to other people.

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

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

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

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

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

The individual who is unwell should call NHS 111 from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain which country they have returned from in the last 14 days and outline their current symptoms.

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

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

9. Returning from travel overseas to affected areas

People who have returned from Hubei Province, including Wuhan, in the last 14 days should avoid attending work. They should call NHS 111 for advice and self-isolate

Advice is in place for [what to do if you have returned in the last 14 days from specified countries or areas](#) which is being updated on an ongoing basis.

All other staff should continue to attend work.

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

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

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

Closure of the workplace is not recommended.

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

A risk assessment of each setting will be undertaken by the Health Protection Team with the lead responsible person. Advice on the management of staff and members of the public will be based on this assessment.

The Health Protection Team will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

Advice on cleaning of communal areas such as offices or toilets will be given by [the Health Protection Team](#). and is outlined later in this document.

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

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

- any employee in close face-to-face or touching contact
- talking with or being coughed on for any length of time while the employee was symptomatic
- anyone who has cleaned up any bodily fluids
- close friendship groups or workgroups
- any employee living in the same household as a confirmed case

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

- those who have had close contact will be asked to self-isolate at home for 14 days from the last time they had contact with the confirmed case and follow the [home isolation advice sheet](#)
- they will be actively followed up by the Health Protection Team
- if they develop new symptoms or their existing symptoms worsen within their 14-day observation period they should call NHS 111 for reassessment
- if they become unwell with cough, fever or shortness of breath they will be tested for COVID-19
- if they are unwell at any time within their 14-day observation period and they test positive for COVID-19 they will become a confirmed case and will be treated for the infection

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

13. Certifying absence from work

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

Your employee will be advised to isolate themselves and not to work in contact with other people by NHS 111 or PHE if they are a carrier of, or have been in contact with, an infectious or contagious disease, such as COVID-19.

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

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

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

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

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

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

15. Handling post, packages or food from affected areas

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

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

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

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

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

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

17. Rubbish disposal, including tissues

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

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