

Sickness absence in NHS staff during the time of COVID-19

Submission date 04/08/2020	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 05/08/2020	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 01/09/2021	Condition category Infections and Infestations	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

COVID-19 is a condition caused by the coronavirus (called SARS-CoV-2) that was first identified in late 2019. This virus can infect the respiratory (breathing) system. Some people do not have symptoms but can carry the virus and pass it on to others. People who have developed the condition may develop a fever and/or a continuous cough among other symptoms. This can develop into pneumonia. Pneumonia is a chest infection where the small air pockets of the lungs, called alveoli, fill with liquid and make it more difficult to breathe.

In 2020, the virus has spread to many countries around the world and neither a vaccine against the virus or specific treatment for COVID-19 has yet been developed. As of March 2020, it is advised that people minimize travel and social contact, and regularly wash their hands to reduce the spread of the virus.

Groups who are at a higher risk from infection with the virus, and therefore of developing COVID-19, include people aged over 70 years, people who have long-term health conditions (such as asthma or diabetes), people who have a weakened immune system and people who are pregnant. People in these groups, and people who might come into contact with them, can reduce this risk by following the up-to-date advice to reduce the spread of the virus.

A particular concern when such outbreaks occur is the risk to healthcare staff. National Health Service (NHS) Trusts in England collect data on sickness absence in an electronic staff record (ESR), which since early in the COVID-19 epidemic has used a code specifically for absence because of symptoms suggestive of COVID-19. The ESR also holds information on each staff member's sex, date of birth, ethnicity, occupation and department, as well as on absence for other reasons; and, more recently, the option to add the results of any antigen or antibody test results.

Who can participate?

NHS staff ESRs will be used to provide the data for this study.

What does the study involve?

Using routinely collected data from the period 2019 - 2020, we will explore the risk of sickness

absence ascribed to suspected Covid-19 according to sex, age, ethnicity, occupation and department and in relation to available antigen/antibody test results.

What are the possible benefits and risks of participating?

None

Where is the study run from?

Imperial College, London (UK)

When is the study starting and how long is it expected to run for?

August 2020 to March 2021

Who is funding the study?

The COLT Foundation (UK)

Who is the main contact?

Prof. Paul Cullinan, p.cullinan@imperial.ac.uk

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

Integrated Research Application System (IRAS)

284146

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

IRAS 284146

Study information

Scientific Title

Occupational risks of COVID-19 in NHS staff; an analysis of sickness absence by ethnicity, professional role, age, sex and antigen/antibody test results

Study objectives

1. How have rates of sickness absence ascribed to suspected COVID-19 varied according to ethnicity, age, sex, and potential for occupational contact with SARS-CoV-2 as indicated by occupation and department? How are these related to available data on antigen/antibody test results?
2. How have rates of prolonged sickness absence ascribed to suspected SARS-CoV-2 infection varied according to ethnicity, age, sex, and potential for occupational contact with SARS-CoV-2 as indicated by occupation and department?
3. How have rates of sickness absence ascribed to mental illness and other causes unrelated to COVID-19, varied over the course of the epidemic as compared with 12 months earlier, and have changes differed by ethnicity, occupation and department?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 03/08/2020, Hampshire A Research Ethics Committee (c/o Level 3, Block B, Whitefriars, Bristol Research Ethics Committee Centre, BS1 2NT, UK; +44 (0)207 104 8196; hampshirea.rec@hra.nhs.uk), ref 20/SC/0282

Study design

Multicentre observational retrospective cohort

Primary study design

Observational

Study type(s)

Other

Health condition(s) or problem(s) studied

COVID-19 (SARS-CoV-2 infection)

Interventions

National Health Service (NHS) Trusts in England collect data on sickness absence in an electronic staff record (ESR), which since early in the COVID-19 epidemic has used a code specifically for absence because of symptoms suggestive of COVID-19. The ESR also holds information on each staff member's sex, date of birth, ethnicity, occupation and department, as well as on absence for other reasons; and, more recently, the option to append the results of any antigen or antibody test results.

Using electronic staff records from all NHS Trusts in England from January 2019 to August 2020, the researchers will explore the risk of sickness absence ascribed to suspected COVID-19 according to sex, age, ethnicity, occupation and department and in relation to available antigen /antibody test results.

Intervention Type

Other

Primary outcome(s)

Number of staff recorded as having a sickness absence for COVID-19 measured using electronic staff records from all NHS Trusts in England from January 2019 to August 2020

Key secondary outcome(s)

Number of staff recorded as having a sickness absence for mental ill-health measured using electronic staff records from all NHS Trusts in England from January 2019 to August 2020

Completion date

01/03/2021

Eligibility**Key inclusion criteria**

All NHS staff who were continuously employed at all NHS organisations in England from 1 January 2019 to the date when data abstraction begins.

Participant type(s)

Health professional

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

959356

Key exclusion criteria

All NHS staff who were not continuously employed at an NHS organisation in England from 1 January 2019 to the date when data abstraction begins. In addition, agency staff, contractors, students.

Date of first enrolment

01/01/2019

Date of final enrolment

01/08/2020

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Imperial College London

1b Manresa Road

London

United Kingdom

SW3 6LR

Sponsor information

Organisation

Imperial College London

ROR

<https://ror.org/041kmwe10>

Funder(s)

Funder type

Charity

Funder Name

COLT Foundation

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available due to data protection.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		30/08/2021	01/09/2021	Yes	No
HRA research summary			28/06/2023	No	No

Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
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Protocol file	version v1.2	30/06/2020	07/08/2020	No	No
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