

Guidance for Health Care Workers with Underlying Health Conditions

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Strategic Clinical Advisory Cell - Department of Health

Supporting our most vulnerable people

Preserving and protecting the health, safety and wellbeing of staff and keeping them well is critical for the HSC as we respond to the coronavirus outbreak (COVID-19). It is essential that HSC organisations make every effort to support the physical and mental wellbeing of our people to enable them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period.

It is important that the science is followed and a clear series of definitions of what constitutes 'Underlying Health Conditions' is provided for workers as depletion of the workforce will seriously impact the HSC, social care and emergency services in a short time frame in these sectors. Health and social care and emergency services workers (HSCEWS) thus require a balanced definition of underlying health conditions, both to protect their health and to ensure that key services can continue to function, protecting the health of the population in this pandemic.

Important Points:

- The health of health and social care and emergency service workers (HSCEWs) is paramount.
- The HSC and emergency services need as many workers at work as possible during a pandemic to protect lives.
- Strict infection prevention and control guidelines in health and social care, and emergency service settings should ensure that the risk of acquiring COVID-19 disease is minimal.
- COVID-19 is a novel disease and the evidence base is limited although expanding. Many unknowns regarding the infection exist. The best evidence is available from the experience of those at the origin of the outbreak in Wuhan.
- Guidance may change as more information becomes available.
- Services need to be creative in their thinking to maintain staff in the workplace. There may be other areas that staff members with underlying conditions can be deployed to – including in social care or administration work, for example. This is essential if we are to keep our services running.

Defining Risk factors for severe diseases

People with serious underlying health conditions have been guided or advised to follow certain measures to keep them safe,

- A. Those at risk in this category have been advised to rigorously follow shielding measures in order to keep themselves safe.
- B. Those with underlying health conditions should practice social distancing and may be asked to self-isolate for up to 12 weeks. The definition of 'underlying health conditions' in this list, originally based on those requiring the annual flu vaccine, can continue to work as long as they practice strict hygiene measures.

A. Highest risk factors for severe disease.

To date, the following have been defined as the highest risk factors for severe disease. HSCWs with these conditions should be,

- asked to work from home if possible;
- transferred to duties that could be undertaken at home; or
- asked to remain away from work (practising social distancing and/or self – isolation) until the outbreak has abated.

Staff in this highest risk group include:

1. Solid organ transplant recipients

2. People with specific cancers

- People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer.
- People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment.
- People having immunotherapy or other continuing antibody treatments for cancer.
- People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.

3. People with severe respiratory conditions including all cystic fibrosis, severe asthma (requiring regular hospital admissions) and severe COPD.

- Severe asthma: Anyone receiving high dose long term steroid (see appendix 1), methotrexate, azathioprine, MMF, omalizumab, mepolizumab or benralizumab, or three times a week azithromycin; or has had 3 or more short courses of steroids for exacerbations in the past year.

4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection (see Appendix 1).
6. People who are pregnant with significant congenital or acquired heart disease.

B. Raised risk factors for severe disease.

HSCEWs with the following underlying conditions **can** continue to work as long as they practice strict hygiene measures. In addition, these HSCEWs,

- should not be working face to face with confirmed or suspected cases of COVID-19, but
- should be deployed to areas where COVID-19 patients are not cared for or assessed.
- who work in a crowded environment, i.e. continual close working (within 2 m) of other staff members for prolonged periods of time (> 1 hr) should be relocated into less crowded environments as much as possible.

There are highlighted exceptions where HSCEWs **can** work with patients with confirmed or suspected COVID-19. These guidelines are not yet definitive and may be varied by occupational health and following review by the relevant specialists (e.g. endocrine, oncology, respiratory, nephrology) who will be able to refine and advise on individual cases.

The underlying health conditions include:

- chronic (long-term) respiratory diseases, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis.
 - **Exception:** HSCEWs with stable asthma should continue to take their regular medication and do not require any additional precautions beyond maintaining strict hygiene measures.
- chronic heart disease, such as heart failure.
- chronic kidney disease stages 4 and 5.
 - **Exception:** Therefore those with stage 1 - 3 disease but with no other chronic health conditions described elsewhere do not require any additional precautions beyond maintaining strict hygiene measures.

- hypertension is a clear risk factor, often together with other chronic health conditions. HSCEWs who have well controlled hypertension on one medication should not be excluded from working with suspected/proven COVID-19.
- chronic liver disease requiring immunosuppressive medication or having progressed to severe fibrosis or cirrhosis.
 - **Exception:** HSCEWs who have had viral hepatitis but are without severe fibrosis do not require any additional precautions beyond maintaining strict hygiene measures.
- chronic neurological conditions requiring regular treatments, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy.
 - **Exception:** HSCEWs with epilepsy need not be excluded from work.
 - **Exception:** HSCEWs with learning disabilities, no other comorbidity that increases the risk and able to comply with strict hygiene measures.
 - **Exception:** HSCEWs with dyslexia can work safely. HSCEWs with cerebral palsy who have Gross Motor Function Classification System Grades 1 and 2 can work safely.
- diabetes
 - Individual risk assessment for staff with diabetes is required.
- splenic dysfunction
 - **Exception:** HSCEWs with splenic dysfunction or asplenia do not require any additional precautions beyond maintaining strict hygiene measures
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or immunosuppressants.
 - **Exception:** HSCEWs with HIV who have an undetectable viral load and CD4 > 350 do not require any additional precautions beyond maintaining strict hygiene measures.
 - **Exception:** Immunomodulatory drugs vary widely in the degree of immunosuppression produced. HSCEWs on drugs producing low level immunosuppression or low dose steroids as safe to work. See Appendix 1
- being seriously overweight (a BMI of 40 or above)
 - **Exception:** HSCEWs with a BMI > 40 but no other chronic health conditions described elsewhere do not require any additional precautions beyond maintaining strict hygiene measures.

Guidance for pregnant HSCEWs is being produced separately.

Level of Immunosuppression

Assessing the degree of immunosuppression is difficult. The information below is for guidance only. The infectious Diseases Society of America have defined different levels of immunosuppression:

HIGH

High level of immunosuppression is receiving:

- Chemotherapy.
- Daily corticosteroid (see below).
- Biologics
- Haematopoietic stem cell transplant.

Prednisolone

There is no consensus as to what constitutes a low dose of steroid, but in general:

- High dose steroid:
 - o A dose of 20mg of prednisolone daily for > 14 days or 40mg daily for > 1 week is considered to cause significant immunosuppression.

LOW

Low level of immunosuppression is receiving:

- Low dose corticosteroid (see below).
- Methotrexate < 0.4mg/kg/week.
- Azathioprine < 3mg/kg/day.
- 6-mercaptopurine < 1.5mg/kg/day.

Prednisolone

There is no consensus as to what constitutes a low dose of steroid, but in general:

- Low dose steroid:
 - o <20mg prednisolone for <14 days.
 - o Alternate day treatment with short-acting steroids.
 - o Topical//intraarticular/soft tissue injection of steroid .
 - o Replacement treatment at physiological doses .
 - o Long term low dose steroid, <10mg/day prednisolone.