

# STAFF GUIDE

## COVID-19 – GUIDANCE FOR STAFF

### Background

New guidance has been received from Scottish Government for staff who have underlying health conditions and what arrangements should be made them to either remain at work or to socially isolate.

Full details of the conditions that have the highest of developing severe illness if exposed to COVID-19 are given at the end of this briefing.

Staff who are in this highest risk category will be asked to:

- work from home, if possible;
- transfer to duties that could be undertaken at home; or
- remain away from work (practising social distancing and/or self –isolation) until further notice.

Staff with underlying health conditions which are not in the highest risk category can remain at work with appropriate precautions put in place. Arrangements for protecting these staff are also detailed in the appendix.

### What you need to do if you have an underlying health condition

If you have an underlying health condition that is considered high risk as set out in the guidance you should contact your line manager to discuss next steps. This will include agreeing on:

- whether you can work from home doing your existing role or by taking on different duties.
- taking special leave where it is not possible to arrange home working.

If you have an underlying health condition that is **not** considered high risk as set out in the guidance you should contact your line manager to discuss precautions that may be required depending on your role and where you work.

### What your line manager will be asked to do

We have recently undertaken an exercise to ask staff to complete questionnaires to help us identify which staff have an underlying health condition. Line managers will be asked to contact individuals who have an underlying health condition that is considered high risk as set out in the guidance to discuss next steps as described above.

Line managers will also contact individuals who have an underlying health condition that is **not** considered high risk but may still require precautions to continue working safely.

Line managers will ask individuals who have an underlying health condition to complete the questionnaire and may also complete a risk assessment to determine appropriate precautions to put in place.

### **Staying in touch**

Line managers will agree arrangements for staying in touch for staff who are asked to work from home or are required to socially isolate.

## **APPENDIX 1 – SCOTTISH GOVERNMENT GUIDANCE**

### **Defining Risk factors for severe diseases**

To date, the following have been defined as the highest risk factors for severe disease. Health and Social Care and Emergency Service Workers (HSCSEWs) 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.

People 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
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, 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

### **Definition of Underlying Health Conditions with a raised (but not highest) risk of severe disease**

HSCEWs with the following underlying conditions can continue to work as long as they practice strict hygiene measures. 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. HSCEWs who work in a crowded environment, i.e. continual close working (within 1 m) of other staff members for prolonged periods of time (> 1 hr) should be relocated into less crowded environments as much as possible. We have highlighted exceptions where HSCEWs can work with patients with confirmed or suspected COVID-19. These guidelines are not definitive and may be varied by occupational health in individual cases.

Underlying health conditions include:

- chronic (long-term) respiratory diseases, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis.
  - **Exception:** HSCEWs with stable asthma ('reliever' inhalers only) 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
- hypertension is a clear risk factor, often together with other chronic health conditions. We propose that 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 with viral hepatitis 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
  - Diabetes has clearly been identified as a risk factor but potential variations between Type I and type II diabetes and age are not clear. We would propose 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
  - Immunomodulatory drugs vary widely in the degree of immunosuppression produced. We have adapted advice on immunosuppression from the Infectious Disease Society of North America that was produced for guidance on administering live vaccines. This is set out in Appendix 1. We would regard HSCEWs on drugs producing low level immunosuppression or low dose steroids as safe to work.
- being seriously overweight (a BMI of 40 or above)
  - **Exception:** HSCEWs with a BMI > 40 but no other chronic health conditions described above 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 level of immunosuppression is receiving:**

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

### **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.

### **Types of Immunosuppressant Drugs**

Different Immunosuppressant drugs target different parts of the immune response and hence their effects are variable and additionally are influenced by the underlying disease state.

### **Prednisolone**

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

- Low dose steroid:
  - <20mg prednisolone for <14 days.
  - Alternate day treatment with short-acting steroids.
  - Topical//intraarticular/soft tissue injection of steroid.
  - Replacement treatment at physiological doses.
  - Long term low dose steroid, <10mg/day prednisolone.
- High dose steroid:
  - A dose of 20mg of prednisolone daily for > 14 days or 40mg daily for > 1 week is considered to cause significant immunosuppression.