

Guidance on supporting vulnerable members of staff during the COVID-19 pandemic

1. Introduction

During the present COVID-19 pandemic, individual members of staff and team managers need to consider maintaining the balance of ensuring an adequate number of staff are available to maintain a service whilst ensuring individual members of staff are not being placed at an unacceptable level of risk of acquiring COVID-19 infection. The following advice is based on national guidance and is provided to support individual members of staff and their line managers in making the most appropriate decisions on deployment.

2. Extremely Vulnerable Group

People falling into this extremely vulnerable group include:

- a. Solid organ transplant recipients.
- b. 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
- c. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
- d. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- e. People on immunosuppression therapies sufficient to significantly increase risk of infection.
- f. Women who are pregnant with significant heart disease, congenital or acquired.

Severe asthma is defined as needing regular hospital admissions due to asthma or having courses of oral corticosteroids. Severe COPD as requiring long term oxygen therapy or non-invasive ventilation.

3. The Trust has also included **staff over the age of 70** in the “extremely vulnerable category” as they are also known to be at significantly higher risk from COVID-19.
4. All pregnant women should now also be placed in this group following recommendations from the Royal College of Obstetrics and Gynaecology that states that all pregnant women should be offered the option of moving to a non-patient facing role and that all pregnant women beyond 28 weeks gestation should be advised to be in a non-patient facing role.
5. Those within this category should not contact their GP but wait until they are contacted directly from NHS England. If they are not contacted by the end of this week (27th March 2020) they

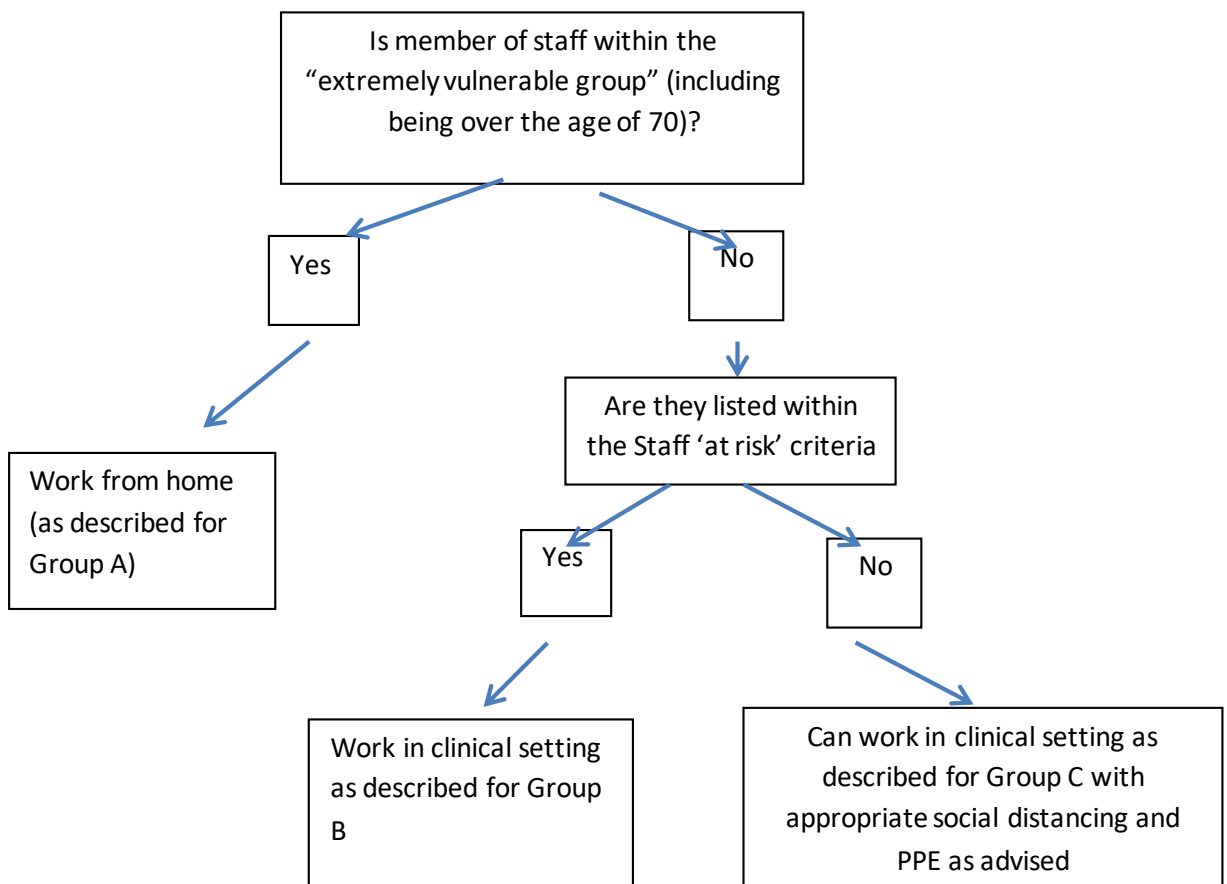
should then make contact with their GP for further advice. Once they have received a call from NHS business services authority (on behalf of NHS England) they should contact their line manager to discuss reasonable adjustments. The line manager should then look to support them as much as possible to adjust and to allow them to make necessary personal arrangements.

6. **All members of staff who meet the criteria for extremely vulnerable group requiring immediate protective shielding should be instructed not to come into work and will be offered alternative options of work (which could be across service areas in the Trust, but within skills and competencies remit) which can be undertaken at home e.g. policy development, audit, phoning parents, working on rosters, clinical phone consultations .**
7. Government advice is that family members of the extremely vulnerable group who have been advised to self-isolate (protective shielding) for the 12 week period (from the day they receive the letter from NHS) **do not** need to also self-isolate. They should follow other stringent hygiene measures and social distancing whilst in the house including:
 - a. Minimise use of same space areas
 - b. Keep 2 meters apart at all times and encourage use of separate bed where possible
 - c. Use different bathroom if possible and, if not, clean after every use and do not share towels, flannels etc
 - d. Eat at differing times and allow them to use own utensils, wash thoroughly (dish washer if possible) and do not share tea towels
8. **At Risk Group**
9. This group are at risk of severe illness from coronavirus (COVID-19) and the advice is to be particularly stringent in following social distancing measures. This group includes:
 - a. Adults under the age of 70 who are instructed to have a flu jab each year on medical grounds (due to an underlying health condition).
 - b. Pregnant women - with specific advice for those who are pregnant to discuss their individual circumstances with their Occupational Health department.
10. For the “at risk” group of staff it is also important to consider in which area they work and consequently the immediate risk of direct contact with a patient with COVID-19.

Group Vulnerable staff – Re-deployment Guide		
A	“Extremely vulnerable” staff group including those over the age of 70	Will be expected to work from home
B	“At risk” staff group	Could work in a service/area where there are No Covid-19 positive patients (or) patients who do not meet PHE criteria for Covid-19 symptoms (see criteria for community settings and in-patient settings)

C	Others (who don't fit into A or B)	<p>Could work in service/area (with IPC measures) where there are Covid-19 positive patients (or) with patients who meet the criteria for Covid-19 symptoms (see criteria for community settings and in-patient settings)</p>
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Decision making flow chart



Responsibility for making this decision and escalation process

Individual Team managers are required to make decisions regarding redeployment of individual members of staff on a case by case basis and should be contacted by members of their team for the appropriate discussion to take place.

In the situation where there is a disagreement between those individual line managers and members of staff either in the staff members level of vulnerability or in the requested area that they work this issue should be escalated to through the standard line management hierarchy for the more senior decision to be considered.

Criteria for Covid-19

1. Inpatient areas that have a patient present for more than 14 days who has either:
 - a) Tested positive for COVID-19 within the past 7 days
 - (or)
 - b) Has clinical or radiological evidence of pneumonia or acute respiratory distress syndrome or influenza like illness (fever $\geq 37.8^{\circ}\text{C}$ and one further defined respiratory symptom)
2. All Clinical areas that potentially could be assessing patients from the community with continuous cough and/or high fever

References:

[COVID-19: guidance on social distancing and for vulnerable people;
https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults](https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults)

<https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-our-most-vulnerable-people>

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>