M4 - Advice on Vulnerable Groups

Please find below University guidance on requirements and considerations for vulnerable groups, to be used as part of the risk assessment for staff returning to on-site working. This document has been compiled from information taken from NHS.uk website and is up to date as at 11 September 2020:

Group 1 – Clinically Extremely Vulnerable (high risk of developing complications from a COVID-19 infection)

Clinically extremely vulnerable people may include the people listed below, though disease severity, history or treatment levels will also affect who is in this group.

- Solid organ transplant recipients
- People with specific cancers:
  a. People with cancer who are undergoing active chemotherapy
  b. People with lung cancer undergoing radical radiotherapy
  c. People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma at any stage of treatment
  d. People having immunotherapy or other continuing antibody treatments for cancer
  e. People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  f. People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disorder (COPD).
- People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.

Advice

People in Group 1 category were advised to take extra steps to protect themselves until 1 August 2020. This was called shielding. In England, the risk of getting coronavirus is now low enough that shielding is no longer advised. But there are still things you can do to protect yourself and others. Click the link below for the latest up to date guidance:


Group 2 – Clinically Vulnerable (moderate risk of developing complications from COVID-19 infection)

Clinically Vulnerable people are those who are:
- Aged 70 or older (regardless of medical conditions)
- Under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds)
- Chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- Chronic heart disease, such as heart failure
- Chronic kidney disease
- Chronic liver disease, such as hepatitis
- Chronic neurological conditions, such as Parkinson’s
- Disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
- Diabetes
- A weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets
- Being seriously overweight (a body mass index (BMI) of 40 or above)
- Pregnant women with no underlying health conditions.


See below for additional information

### Advice

People at moderate risk from coronavirus, can go out to work (if they cannot work from home) and for things like getting food or exercising. But they should try to stay at home as much as possible.

It’s very important to follow the general advice on social distancing. This includes trying to stay at least 2 metres (3 steps) away from anyone they do not live with or anyone not in their support bubble. A support bubble is where someone who lives alone (or just with their children) can meet people from 1 other household.

People in **Group 2** should be helped to work from home, either in their current role or in an alternative role.

If clinically vulnerable individuals cannot work from home, they should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, there needs to be a careful assessment as to whether this involves an acceptable level of risk.

In the case of pregnancy, a New and Expectant Mothers risk assessment should be carried out or reviewed as per College requirements: [https://occupationalhealth.admin.ox.ac.uk/pregnancy](https://occupationalhealth.admin.ox.ac.uk/pregnancy).

Risks that are greater in the workplace than they would be exposed to outside of the workplace should be removed. If this is not practicable, offer alternative/home based work. Click the link below to find the most up to date advice from the Royal College of Obstetricians and Gynecologists.

# Pregnancy (additional information)

Pregnant women, depending on their health status, are either classed by the Government as being in either the

- Clinically Extremely Vulnerable group

OR

- Clinically Vulnerable group

It is known from other respiratory infections that pregnant women who contract significant respiratory infections in the third trimester (after 28 weeks) are more likely to become seriously unwell. This may also lead to preterm birth of their baby, to enable the woman to recover through improving the efficiency of her breathing or ventilation.

Given these additional considerations for pregnant women who become seriously unwell in the later stages of pregnancy, **the Government has taken the precautionary approach to include pregnant women in a vulnerable group.** This is so that pregnant women are aware of the current lack of available evidence relating to COVID-19 in pregnancy; and particularly, to encourage awareness that pregnant women in later stages of pregnancy could potentially become more seriously unwell.

**In all cases, the line manager must do the following:**

1. Complete a New & Expectant Mothers risk assessment or review an existing risk assessment as per College requirements
   - [Occupational Health advice](#)
   - [Safety Office risk assessment guidance for new and expectant mothers](#)
   - [Health and Safety Executive: new and expectant mothers](#)

2. Read the latest information and advice from [The Royal College of Obstetricians and Gynaecologists (RCOG)](#).

3. Remove risks that are greater in the workplace than they would be exposed to outside of the workplace.

4. If this is not practicable offer alternative/ home based work. Speak to HR if this is not possible.

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# BME staff (additional information)

Although not on the list of clinically vulnerable, a [PHE report](#) has confirmed that the mortality rate from COVID-19 is higher among BME people and line managers should be sensitive to the concerns that staff from BME backgrounds may have.