**Vulnerable Person Health Risk Assessment Tool ( screening)**

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| **GENERAL – This document to be used ONLY by an OCCUPATIONAL PROFESSIONAL** | | | | | | |
| **Male over 55 years, Female over 65 years** | | **Consider elevating to next risk level** | | | | **See references below** |
| **Individual BMI >35 <40** | |
| **Smoker- unclear evidence but consider with other factors ( duration of smoking, amount)** | |
| **BAME employee** | |
| <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>  <https://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1.full.pdf>  <https://www.bmj.com/content/369/bmj.m1985>  <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinmarch2020#characteristics-of-those-dying-from-covid-19>  <https://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1.full.pdf>  <https://www.who.int/news-room/commentaries/detail/smoking-and-covid-19> | | | | | | |
| \  RHEUMATOLOGICAL CONDITIONS   1. <https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology_advice_coronavirus_immunosuppressed_patients_220320.pdf?ver=2020-03-22-155745-717> 2. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/clinical-guide-rheumatology-patients-v1-19-march-2020.pdf> | | | | | | |
| **Consider elevating anyone with a rheumatological condition into the next level of risk with co-morbidity:**  **Diabetes/pre-existing lung disease/renal impairment/IHD/HT** | | | | | | |
| **ACTIVE CONDITIONS** | | | | | | |
| **Autoimmune connective tissue disease or vasculitis- active** | | **VH**  **VH** | | **SHIELD**  **SHIELD** | **These individuals should have received a shielding letter, with active disease and on immunosuppressant medication**  **These individuals should have received a shielding letter, with active disease and on immunosuppressant medication** | |
| **Systemic lupus erythematosus** | |
| **Systemic sclerosis; scleroderma** | |
| **Myositis,polymyositis,dermatomyositis, antisynthetase syndrome** | |
| **Relapsing polychondritis** | |
| **ANCA-associated vasculitis, granulomatosis with polyangiitis, Wegener’s, eosinophilic granulomatosis with polyangiitis, churg strauss syndrome, microscopic polyangiitis** | |
| **Aortitis** | |
| **Takayasu/Takayasu’s arteritis** | |
| **Giant cell arteritis/temporal arteritis** | |
| **Bechet’s disease** | |
| **Polyarteritis nodosa** | |
| **IgA vasculitis** | |
| **Vasculitis ( any)** | |
| **Cryoglobulinemia** | |
| **Hypocomplementaemic urticarial vasculitis** | |
| **Cogan’s syndrome** | |
| **IgG4- related disease (IgG4 RD)** | |
| **Severe osteogenesis imperfecta** | |
| **Fibrodysplasia ossificans progressive** | |
| **Severe kyphosis/scoliosis for rare bone disease** | |
| **Interstitial lung disease , ILD related to CTD/RA** | |
| **Pulmonary Hypertension related to CTD/RA** | |
| **ACTIVE CONDITIONS** | | | | | | |
| **Adult-onset still’s disease** | | **I/H** | | **Risk rating will depend on :**   1. Disease activity 2. Medication and immunosuppression 3. Comorbidity 4. End organ damage | | |
| **Autoinflammatory syndromes** | |
| **Primary Sjogren’s syndrome** | |
| **Overlap connective tissue disease** | |
| **Rheumatoid arthritis (RA)** | |
| **Psoriatic Arthritis (PsA)** | |
| **Ankylosing spondylitis (AS)** | |
| **Juvenile idiopathic arthritis** | |
| **Polymyalgia rheumatica** | |
| **IMMUNOSUPPRESSANT MEDICATION**  <https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology_advice_coronavirus_immunosuppressed_patients_220320.pdf?ver=2020-03-22-155745-717> | | | | | | |
| **Corticosteroid dose/prednisolone per day of > 20mg ( 0.5mh/kg) for >4 weeks** | | **VH** | | **SHIELD** | **Refer to link above to determine medications and whether they fall into this category** | |
| **Cyclophosphamide at any dose orally or within last 6 months IV** | |
| **Corticosteroid dose of >5 mg prednisolone ( or equivalent) per day for more than 4 weeks plus at least one other immunosuppressive medication, biologic/monoclonal or small molecule immunosuppressant** | |
| **Any two agents among immunosuppressive medications, biologicals/monoclonal or small molecule immunosuppressants with any co-morbidity** | | **H/VH** | |
| **Well-controlled patients with minimal disease activity and no co-morbidities on single agent broad spectrum immunosuppressive medication, biologic/monoclonal\*\* or small molecule immunosuppressant** | | **H**  **H** | | **SDP**  **SDP** | **Refer to link above to determine medications and whether they fall into this category**  **Refer to link above to determine medications and whether they fall into this category** | |
| **Well-controlled patients with minimal disease activity and no co-morbidities on single agent broad spectrum immunosuppressive medication plus Sulphasalazine and/ or hydroxychloroquine** | |
| **Well-controlled patients with minimal disease activity and no co-morbidities on a single agent broad spectrum immunosuppressive medication\* at standard dose (e.g. Methotrexate up to 25mg per week) plus single biologic (e.g. anti-TNF or JAKi)\*\* or \*\*\*** | |
| **Single agent 5-ASA medications (e.g. mesalazine)**  **•** Single agent6-mercaptopurine  • Only inhaled or rectally administered  immunosuppressant medication  • Hydroxychloroquine  • Sulphasalazine | | **N** | | **SD** | | |
| **Miscellaneous conditions** | | | | | | |
| **Osteoarthritis** | | **N** | | **SD** | **No evidence to suggest any increased risk** | |
| **fibromyalgia** | | **N** | | **SD** |
| **Chronic Fatigue Syndrome/ME/CFS** | | **N** | | **SD** |
| **Ehlers Danlos syndrome/EDS** | | **N** | | **SD** |
| **CARDIAC/HEART DISEASE/CARDIOVASCULAR**  <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health#Heading2>  <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health/congenital-heart-disease-and-coronavirus> | | | | | | |
| **Heart Transplant** | **VH** | | **SHIELD** | | **Refer to references above for specific details on congenital heart disease and pregnancy** | |
| **Pregnant with significant heart disease:**  -Symptomatic coronary heart disease  - hypertrophic cardiomyopathy  -left ventricular hypertrophy due to HT  -pulmonary artery HT  -valve disease( moderate-severe)  -heart failure with left ventricular impairment  -significant congenital heart disease |
| **Congenital heart disease:**  **-**Complex congenital heart disease ( single ventricle/cyanosis/fontan circulation/total cavopulmonary connection  -comorbidity: lung/renal/diabetes  - Pulmonary HT  - symptomatic heart failure  - immunosuppression including asplenia | **H** | | **SDP – But some may have received NHS letter and need to shield** | |  | |
| **Congenital heart disease**   * Not in above categories * Asymptomatic * Not under cardiology care * No medication for their condition * No comorbidity | **N** | | **SD** | |  | |
|  | | | | | | |
| **Angina**  - stable symptoms and medication  - no comorbidities  - historical bypass or stent ( > 3 months ) | **I** | | **SD** | | * stable angina – attacks have a trigger (such as stress or exercise) and stop within a few minutes of resting * unstable angina– attacks are more unpredictable (they may not have a trigger) and can continue despite resting | |
| **Angina**   * Frequent symptoms * Unpredictable/unstable symptoms * Frequent use of S/L spray * Comorbidity: lung, kidney disease, diabetes | **H** | | **SDP** | |
| **Previous stent**   * Stable health | **I** | | **SD** | |
| **Previous stent**   * Comorbidity ( lung, kidney disease/diabetes) OR * Open heart surgery in past 3 months | **H** | | **SDP** | |
| **Heart failure/congestive cardiac failure:**  **MILD**   * New York Heart association class 1/11\* * ACE inhibitor alone or low dose diuretic * No impact on daily life * No comorbidity | **I** | | **SD** | | **\*New York Heart association classification**  **Class I**  No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation (feeling heart beats), or dyspnoea (shortness of breath).  **Class II(Mild)**  Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnoea.  **Class III(Moderate)**  Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnoea.  **Class IV(Severe)**  Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.  \*\*some individuals will have received a shielding letter depending on severity | |
| **Heart failure/congestive cardiac failure: MODERATE/SEVERE**   * New York Heart association class 111/1V( see definition) * ACE inhibitor + diuretic+ beta blocker * Spironolactone plus above: severe * Comorbidity * Restricts daily life * Hospital admission in the past year | **H\*\*** | | **SDP** | |
| **Heart valve disease:**  **-**asymptomatic  - no medication  - no comorbidity | **N** | | **SD** | |  | |
| **Heart valve disease:**  **-**symptomatic 1/11 NYHA  - on stable medication  - No comorbidities | **I** | | **SD** | |  | |
| **Heart valve disease:**  **-**symptomatic 111/14 NYHA  - on medication  - or waiting for surgery | **H** | | **SDP** | |  | |
| **Severe heart disease and pregnant** | **VH** | | **Shield- should have received NHS letter advising to shield.** | |  | |
| **Recent open-heart surgery in last 3 months** | **H** | | **SDP** | |  | |
| **Heart attack- ever** | **I** | | **SD** | |  | |
| **Heart attack plus:**   * Surgery in past 3 months ( not including stent) * Other risk factors * Comorbidity: lung/renal/diabetes * Symptomatic heart failure | **H** | | **SDP** | |  | |
| **Hypertension:**   * Blood pressure/HT <140 systolic and < 90 mmHg diastolic. * Stable medication * No LV hypertrophy * No other risk factors | **I** | | **SD** | | <https://www.bhf.org.uk/informationsupport/risk-factors/high-blood-pressure> | |
| **Hypertension:**   * Blood pressure > 140 systolic and/or > 90 systolic AND/OR * Evidence of LV hypertrophy AND/OR * Other risk factors | **H** | | **SDP** | |  | |
| **Blood pressure monitoring only, no medication** | **N** | | **SD** | |  | |
| **Previous history of high blood pressure but on no medication** |
| **Cholesterol medication with no health conditions** |
| **POTS/postural orthostatic tachycardia syndrome** |
| **Peripheral vascular disease** | **H** | | **SDP** | | <https://www.heartuk.org.uk/news/coronavirus> | |
| **Familial dysbetalipoproteinaemia (type 3)** | **H** | | **SDP** | |
| **Vascular dementia/ small vessel disease of brain/stroke**   * **At any time** | **H** | | **SDP** | |  | |
| **Atrial fibrillation** | **I/H** | | **Will depend on cause, other factors** | | | |
| **Acute pericarditis/myocarditis:**  Benign course with response to treatment and   * Completed all treatment ( NSAID, 3/12 colchicine). * Returned to strenuous activity * Uncomplicated ( no tamponade, effusion * At least three months from diagnosis | **N** | | **SD** | |  | |
| **Acute Pericarditis:**  **Current and symptomatic** | **I/H** | | **Use symptom assessment and complications to determine risk.**  **MRC dyspnoea score/NYHA classification** | | | |
| **Pericarditis, underlying cause**  Tuberculosis  Rheumatoid arthritis, SLE  Radiotherapy  Renal failure  Hypothyroidism  Cancer  Myocardial infarction  Trauma: post-surgery/RTA  Medication  Constrictive pericarditis | **Will depend on underlying cause and symptoms** | | | | | |
| **Cardiomyopathy:** hypertrophic/dilated/arrhythmogenic:   * NYHA 1/11 * No impact on daily life * No hospital admission in past year * No other risk factors | **I** | | **SD** | |  | |
| **Cardiomyopathy:** hypertrophic/dilated/arrhythmogenic:   * NYHA 111/4 * Affects day to day activities   - hospital admission in past year  - other risk factors/comorbidity | **H** | | **SDP**  **Some individuals will have received a shielding letter based on more specific assessment ( ejection fraction ) and will be in VERY HIGH category** | | | |
| **Aortic aneurysm** | **Unknown risk- insufficient data**  **BHF suggests SD** | | | | | |
| **RESPIRATORY/LUNG CONDITIONS**  <https://www.blf.org.uk/support-for-you/coronavirus/what-is-social-shielding>  <https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/shielding-advice-high-risk/#Who> | | | | | | |
| **ASTHMA** | | | | | | |
| **Asthmatic on blue inhaler/salbutamol/Ventolin only** | **N** | | **SD** | | **Consider elevating to next level with:**  **-Hospital admission in the last year**   * **Any intensive care/ITU/ICU treatment for asthma**   **- consider I/P care required/severity of attack** | |
| **Asthmatic on blue inhaler/salbutamol/Ventolin PLUS:**  Montelukast/salmeterol/fomoterol/seretide/fostair/Symbicort/fltiform/fobumix/DuoResp/spiromax/combisal/sereflo/sirdupla/aloflute/airFlusal/relvar ellipta/fusacomb/stalpex | **I** | | **SD** | |
| **Asthmatic on blue inhaler/salbutamol/Ventolin PLUS:**  oral steroids >2 < 4 courses in 6 months  **PLUS:**  Montelukast/salmeterol/fomoterol/seretide/fostair/Symbicort/fltiform/fobumix/DuoResp/spiromax/combisal/sereflo/sirdupla/aloflute/airFlusal/relvar ellipta/fusacomb/stalpex | **H** | | **SDP** | |
| **Asthmatic on blue inhaler/salbutamol/Ventolin PLUS:**  continuous or frequent oral steroids ( > 4 courses in 6 months) PLUS:  Montelukast/salmeterol/fomoterol/seretide/fostair/Symbicort/fltiform/fobumix/DuoResp/spiromax/combisal/sereflo/sirdupla/aloflute/airFlusal/relvar ellipta/fusacomb/stalpex | **VH** | | **Shield** | |  | |
| **Asthmatic on biological therapy (mAB)-** Xolair/omalizumab  /nucala/mepolizumab/cinqaero/reslizumab/fasenra/benralizumab | **VH** | | **Shield** | |  | |
| **OTHER LUNG CONDITIONS** | | | | | | |
| **Obstructive sleep apnoea/OSA, no other health conditions** | **N** | | **SD** | |  | |
| **Pneumonia/lower respiratory infection/pleurisy/chest infection/pneumothorax with full recovery more than one year ago and no underlying health condition** | **N** | | **SD** | |  | |
| **Chronic obstructive pulmonary disease/COPD/emphysema: MILD:**  **-**MRC score 1/2  - GOLD score 1  FEV1 >80% | **I** | | **SD** | | **MRC dyspnoea scale Grade**  **Degree of breathlessness related to activities**  1 Not troubled by breathlessness except on strenuous exercise  2 Short of breath when hurrying or walking up a slight hill  3 Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace  4 Stops for breath after walking about 100 metres or after a few minutes on level ground  5 Too breathless to leave the house, or breathless when dressing or undressing  GOLD score:  **GOLD** 1—mild: FEV1≥ 80% predicted. **GOLD** 2—moderate: 50% ≤ FEV1 < 80% predicted. **GOLD** 3—severe: 30% ≤ FEV1 < 50% predicted. **GOLD** 4—very severe: FEV1 < 30% predicted.30 Dec 2019  <https://www.guidelines.co.uk/respiratory/gold-copd-2020-strategy/455088.article> | |
| **Chronic obstructive pulmonary disease/COPD/emphysema: MODERATE:**  **-**MRC score 3 OR  - GOLD score 2 OR  -FEV1 50-79% | **H** | | **SDP** | |
| **Chronic obstructive pulmonary disease/COPD/emphysema: SEVERE:**  **-**MRC score 4/5 OR  - GOLD score ¾ OR  -FEV1 <50% OR  - Triple therapy: \*LABA +LAMA+ ICS in last 6 months OR  -Roflumilast in past 6 months OR  - previous hospital admission OR  - oxygen therapy at home OR  - non -invasive home ventilation/BiPAP OR  - multipole co-morbidities: heart/HT/diabetes/renal | **VH** | | \*LABA: long acting muscarinic agent  ICS: Inhaled corticosteroid  LAMA: Long acting muscarinic antagonist  Website below lists all of these.  <https://www.pcrs-uk.org/sites/pcrs-uk.org/files/RespInhalerTable_FINAL_0.pdf> | | | |
| **Bronchiectasis:**  use COPD definitions of severity to classify plus see below |  | |
| **Bronchiectasis :SEVERE**   * Severe using COPD assessment OR * 3 or more flare-ups or exacerbations a year * On long-term antibiotics( inhaled or macrolides) OR * Long term pseudomonas infection * Long-term pulmonary aspergillosis * On treatment for non-tuberculous mycobacteria pulmonary disease * Use nebulised treatments | VH | |
| **Interstitial lung disease:**   * Idiopathic pulmonary fibrosis * Specific pulmonary fibrosis   **Sarcoidosis**  **Pulmonary hypertension**  **Medication for these conditions:**   * Prednisolone * Methotrexate * Azathioprine * Mycophenolate Mofetil and Mycophenolate Sodium * Cyclosporin * Sirolimus * Tacrolimus * Having in the last 6 months received intravenous Cyclophosphamide, Rituximab or Infliximab | **VH**  **VH** | | **Shield**  **Shield** | | | |
| **ENDOCRINE** | | | | | | |
| **Diabetes**   * **Diet controlled** * **No end organ damage** | **N** | | **SD** | | | |
| **Type 1 diabetes** | **H/VH** | | **186% greater risk of in-hospital death\*** | | | |
| **Type 2 diabetes** | **H** | | **81% greater risk of in -hospital death\*** | | | |
| **The risk is increased with comorbidities of coronary heart disease, cerebrovascular disease and heart failure: consider elevating to next level with additional conditions**  **\***<https://www.england.nhs.uk/wp-content/uploads/2020/05/valabhji-COVID-19-and-Diabetes-Paper-1.pdf>  Diabetes UK advises that diabetics fall into the clinically vulnerable group ( HIGH in this table)  <https://www.diabetes.org.uk/about_us/news/coronavirus> | | | | | | |
| **Thyroid conditions: ALL including autoimmune:**   * On levothyroxine, carbimazole, propylthiouracil * Recent radioiodine therapy * Recent thyroid surgery | **N** | | **SD** | | <https://www.btf-thyroid.org/news/thyroid-disease-and-coronavirus-covid-19> | |
| **Thyroid conditions: ALL including autoimmune:**   * On mycophenolate * Rituximab in past 12 months * Daily oral steroids 0r > 4 courses in past 6 months | **H** | | **SDP** | |
| OTHER ENDOCRINE | | | | | | |
| **Prolactinoma/acromegaly/non-functioning adenoma PLUS:**   * NO steroid replacement treatment | **N** | | **SD** | | <https://pituitary.org.uk/news/2020/03/coronavirus-faqs/> | |
| **Diabetes insipidus:**   * no adrenal insufficiency | **N** | | **SD** | |
| **Diabetes insipidus:**   * with adrenal insufficiency | **I** | | **SD** | |
| **Prolactinoma/acromegaly/non-functioning adenoma PLUS:**   * steroid replacement treatment/Cortisol | **H** | | **SDP** | |
| **Active Cushing’s disease – high cortisol levels**  **Anyone on cortisol replacement therapy** | **H** | | **SDP** | |
| **Morbid Obesity- BMI >40** | **H** | | **Social Distancing plus** | |
| **NEUROLOGICAL CONDITIONS** | | | | | | |
| **Comprehensive advice available via:**  <https://cdn.ymaws.com/www.theabn.org/resource/collection/65C334C7-30FA-45DB-93AA-74B3A3A20293/ABN_Neurology_COVID-19_Guidance_v6_9.4.20_FP.pdf> | | | | | | |
| **RENAL CONDITIONS**  <https://renal.org/stratified-risk-prolonged-self-isolation-adults-children-receiving-immunosuppression-disease-native-kidneys/> | | | | | | |
| **Single Kidney- normal function** | **N** | | **SD** | |  | |
| **Living kidney donor** | **N** | | **SD** | |  | |
| **Chronic kidney disease stage 1-2** | **I** | | **SD** | |  | |
| **Chronic kidney disease stage 3-5 ( and no shielding letter)**   * **not on dialysis** | **H** | | **SDP** | | <https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/#ckdcovid> | |
| **CKD on dialysis** | **VH** | | **Shield** | | <https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/#dialysis> | |
| **\*Autoimmune/inflammatory kidney disease PLUS:**   * currently receiving intravenous cyclophosphamide treatment or rituximab treatment **or** has done so within the last 6 months * receiving cyclophosphamide treatment as tablets (oral treatment) * Has received prednisolone at a dose equal to or above 20mg tablets every day for more than 4 weeks any time within the last 6 months * Has received or currently receiving more than 5mg every day of prednisolone for greater than 4 weeks taken with at least one other immunosuppressive type of medicine\*\* within the last 6 months. * nephrotic syndrome and currently nephrotic or more than one nephrotic attack needing drug treatment during the last 6 months. | **VH** | | **Shield** | | \*vasculitis, systemic lupus erythematosus, membranous nephropathy, minimal change disease, IgA nephropathy, FSGS, anti-GBM disease Goodpasture’s disease  \*\* Azathioprine, Leflunomide, methotrexate, MMF, ciclosporin, tacrolimus, sirolimus and belatacept. | |
| **Renal transplant** | **VH** | | **Shield** | |  | |
| **LIVER/HEPATITIS CONDITIONS**  <https://britishlivertrust.org.uk/coronavirus-covid-19-health-advice-for-people-with-liver-disease-and-liver-transplant-patients/>  [**https://www.hepatitisaustralia.com/Handlers/Download.ashx?IDMF=0a9cdd96-f271-455d-9a3c-38b34070caa7**](https://www.hepatitisaustralia.com/Handlers/Download.ashx?IDMF=0a9cdd96-f271-455d-9a3c-38b34070caa7) | | | | | | |
| **Hepatitis B or C with no symptoms and on no treatment** | **N** | | **Social Distancing** | |  | |
| **Cirrhosis with good liver function ( not decompensated)**   * **No medication** * **No regular hepatology visits** | **I** | | **Social Distancing** | |
| **Cirrhosis**   * **Moderate function** * **Annual specialist visit** | **I/H** | | **SD/P** | |  | |
| **Liver transplant on immunosuppressants** | **VH** | | **shield** | |  | |
| **Auto-immune Hepatitis on immunosuppressants** | **VH** | | **Shield** | |  | |
| **Decompensated Liver disease/cirrhosis:**   * Jaundice * Ascites * Hepatic encephalopathy * Hepatorenal syndrome * Variceal haemorrhage * Hospitalised for liver disease | **VH** | | **shield** | | <https://britishlivertrust.org.uk/coronavirus-covid-19-health-advice-for-people-with-liver-disease-and-liver-transplant-patients/> | |
| **Liver cancer :**  **-** undergoing active chemotherapy/immunotherapy/antibody treatments  - metastatic | **VH** | | **Shield** | |  | |
| **GASTROINTESTINAL CONDITIONS** | | | | | | |
| **Inflammatory Bowel Disease:**  **Crohn’s disease and ulcerative colitis: Use the guide in the link**  **-** <https://www.bsg.org.uk/covid-19-advice/bsg-advice-for-management-of-inflammatory-bowel-diseases-during-the-covid-19-pandemic/> | | | | | | |
| **Irritable bowel disease** | **N** | | **SD** | |  | |
| **Stomach ulcer** |
| **Gastro-oesophageal reflux disease** |
| **Gastritis/heartburn/indigestion** |
| **CANCERS**  <https://sarcoma.org.uk/covid-19-coronavirus-advice>  <https://www.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus-and-cancer>  <https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus>  Blood cancers:  <https://bloodcancer.org.uk/support-for-you/coronavirus-covid-19/coronavirus-blood-cancer/>  prostate cancer:  <https://prostatecanceruk.org/prostate-information/coronavirus-covid-19-and-prostate-cancer> | | | | | | |
| **Fully treated/cured and no treatment in the last 6 months**   * No NHS letter | **N** | | **SD** | |  | |
| **Cancer treatment in past 6 months and cured/fully treated. No NHS letter** | **I** | | **SD** | |  | |
| **Metastatic lung cancer:**  Will depend on type of primary cancer and treatment | **H/VH** | | **SDP/Shield** | |  | |
| **Current cancer treatment:**   * Chemotherapy * Radical radiotherapy for lung cancer * Blood and bone marrow cancer( leukaemia , lymphoma, myeloma) at ANY stage of treatment, including watch and wait * Immunotherapy or antibody treatment * Other targeted therapy: protein kinase inhibitors, PARP inhibitors, anti-angiogenesis drugs * Bone marrow or stem cell transplant in past 6 months or still on immunosuppressants * Autologous transplant in past year * Allogenic transplant in past 2 years | **VH** | | **Shield** | |  | |
| **HIV**  <https://www.tht.org.uk/news/coronavirus-covid-19> | | | | | | |
| **HIV positive with CD4 count over 200 and undetectable viral load** | **N** | | **SD** | |  | |
| **HIV positive with CD4 count > 50 but < 200**  **Detectable viral load** | **I/H** | | **SDP** | |  | |
| **HIV positive with CD4 count < 50** | **VH** | | **Shield** | |  | |
| **HIV positive with:**   * **opportunistic infection in last 6 months** * **AIDS defining illness in last 6 months** | **VH** | | **Shield** | |  | |

**Risk assessment explanation**

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| **VERY HIGH (VH)** | **Individual at risk of severe illness or death if contracts COVID 19** | **https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/200321\_COVID-19\_CMO\_MD\_letter-to-GPs\_FINAL\_2.pdf** |
| **HIGH (H)** | **Individual is likely to need hospitalisation if contracts COVID-19 with protracted illness and NHS burden** | |
| **INCREASED (I)** | **Individual is at increased risk compared with healthy individual but should recover** | |
| **NORMAL (N)** | **Individual is at no greater risk than healthy individual** | |

**Definition of category of isolation**

|  |  |
| --- | --- |
| **shielding** | **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** |
| **Social Distancing (SD)** | [**https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19**](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19)  **https://www.hse.gov.uk/news/assets/docs/working-safely-guide.pdf** |
| **Social distancing plus (SDP)** | **https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people** |

**Health Risk Assessment Outcome Matrix – Recommendations**

|  |  |  |  |
| --- | --- | --- | --- |
| **VERY HIGH (VH)** | **Individual at risk of severe illness or death if contracts COVID 19** | | **Work from home** |
| **HIGH (H)** | **Individual is likely to need hospitalisation if contracts COVID-19 with protracted illness and NHS burden** | | **Individual either works from home, or at work with the following additional provisions/recommendations:**   * **Strict 2 metre rule for any human contact ( Risk assess jobs/tasks that will allow this)** * **Avoid shared work/kitchen/toilet surfaces or equipment ( kettles, taps, cups/mugs) or dedicated “SDP” toilet and kitchen facility for only SDP staff to use** * **Private transport only/no public transport** * **Consider test and trace staff who may be waiting for a result ( contacts) : still at work but strict isolation from SDP individuals**   **Use additional guidance for specific work sector:** <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19> |
| **INCREASED (I)** | **Individual is at increased risk compared with a healthy individual but should recover** | | **Use risk assessment (HSE guide above) to allocate to lower risk exposure areas as much as possible.** |
| **Normal** | | **No greater risk than healthy individual** | **Standard advice.** |