**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 CONDITIONS1. <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**TuberculosisRheumatoid arthritis, SLERadiotherapyRenal failureHypothyroidismCancerMyocardial infarctionTrauma: post-surgery/RTAMedicationConstrictive 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 agentICS: Inhaled corticosteroidLAMA: Long acting muscarinic antagonistWebsite 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**

|  |  |  |
| --- | --- | --- |
| **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.**  |