

Annex 2

Supporting our most vulnerable people

Preserving and protecting the health, safety and wellbeing of staff and keeping them well is critical for the NHS as we respond to the coronavirus outbreak (COVID-19). It is essential that NHS organisations take every effort to support the physical and mental wellbeing of our people to enable them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period.

All NHS staff should be provided with supportive self-care advice in this period, encouraged to rest, take any regular and prescribed medication and to look after themselves and their teams.

Staff with comorbidity and those in higher risk groups

The Government is actively reviewing the advice to protect those people who are at significantly increased risk from COVID-19 due to underlying health conditions. The staff groupings can be seen at point 1 below. The national guidance should be referenced and applied to staff who are in these groups.

Comorbidity is a medical term that is applied when individuals have multiple health conditions that co-exist.

People with comorbidity are more likely to develop complications with their health. Viruses can make chronic health problems worse and high risk groups may experience a worsening of their conditions.

1) Staff in the very high risk groups

The NHS in England will now be directly contacting individuals who are deemed to be high risk to recommend that they take more stringent measures to protect themselves due to specific clinical conditions. The emphasis will be on both protecting individuals and redeploying any staff who need to be into services, such as 111, ambulance dispatch, virtual patient consultations. Individuals will be contacted by the NHS Business Services Authority, GP practice or specialist, week commencing 23 March and they will provide detailed advice on what steps individuals should take next and why. People who will be contacted are those who may be at particular risk due to complex health problems such as:

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 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
 6. People who are pregnant with significant congenital heart disease

For the small number of NHS staff in this category, organisations can help staff by:

- Advising them not to contact their GP or healthcare team and to wait until they are contacted directly. In this period, if staff identify to this category, they should be supported to work flexibly, remotely or be redeployed from any high risk area.
- If staff have not been contacted by end of the week commencing 23 March by the NHS, their GP or specialist and think they may be at particular risk due to these specific health conditions, they should then get in touch with their GP practice for further advice.
- Where staff receive a call from the NHS Business Services Authority, they should then contact their line manager to discuss reasonable adjustments.
- Where staff are contacted and advice is provided to them, organisations should support them as much as possible to adjust to this and allow them time to make any necessary personal arrangements

2) Staff in 'at risk' groups

In addition, advice from Government confirmed that the groups of people who should take particular care to minimise their social contact were:

- People over the age of 70
- Other adults who would normally be advised to have a flu vaccine (such as those with chronic disease)
- Pregnant women. We know The [Royal College of Obstetricians and Gynaecologists](#) will provide and regularly review/ revise the latest guidance and information. We therefore advise all staff who are pregnant to discuss their individual circumstances with their local Occupational Health department.

For staff members in this category, the NHS will support staff to stay well and at work. NHS organisations should make adjustments to enable this wherever possible. Adjustments may include working remotely or moving to a lower risk area. Line managers should get support from the locally nominated EPRR lead or, for example, Medical/Nursing director or Chief Operating Officer to make this happen. NHS organisations are encouraged to make it clear who the point of contact is in this regard.

Action to be taken for staff will depend upon their condition and how stable it is. Where a condition is unstable and there may be an increased risk to staff, the locally nominated lead should ensure that conversations are undertaken with those staff as to what steps need to be taken to keep an individual safe, and specialist advice taken as required. In addition, they will continue to need the support of their line manager and local occupational health service.

Where staff have to be redeployed or work from home, consideration should be given to what duties they can continue to carry out in a role, and what support they will need to do this.

Assistance should be provided to those staff who might be working or deployed in higher risk areas by:

- Ensuring they are aware of the PHE guidance and how they can protect themselves.
- Talk to them about their role and any elements which may put them at greater risk.
- Discuss and develop a plan to implement any reasonable adjustments where required, e.g. redeployment into less high-risk areas, reduced travel, working from home.
- Seeking further advice from Occupational Health in the first instance, where required further consultation with their specialist doctor regarding their underlying condition in order to optimise their condition where possible.
- Signpost to further areas of support e.g. EAP programmes, counselling,

Our people are the most important consideration as they respond to the Coronavirus pandemic. In these unprecedented times, our people more than ever will be making every effort to care for patients and the population, and we must equal that with the care for them.