COVID-19: At Risk Staff

Further information on COVID-19 and 'at-risk' staff

- We have had an endless stream of members asking for advice on whether they are "at high risk" for occupational COVID-19 transmission and/or increased risk of an adverse outcome from COVID-19 infection and, if so, what to do. Giving definitive advice is difficult because some research findings and/or guidelines are contradictory. Since COVID-19 disease is still relatively new, that is not surprising.

- Requests for guidance have come from members in clinical roles, in addition to nurse managers. We have fielded hundreds of such requests, including many related to pregnancy. Indeed, approaches from, or relating to, pregnant nurses comprise the highest proportion of cases.

- Initially, some requests for advice or support arose from situations where members believe they were at risk and they were been directed to continue work as normal. managers. Most of these cases have been resolved by (1) suggesting that they seek advice from Occupational Health (which has usually worked) (2) and/or by drawing managers' attention to specialty college advisories or other official bodies.

- Mixed messages in some workplaces have been a problem, although less frequent now. An example of a wrong message from a manager "*because you work in an essential service the Ministry of Health at-risk advice does not apply*".

WHICH STAFF ARE AT HIGHER RISK WHEN CARING FOR COVID-19 PATIENTS?

- A considerable amount of research from Wuhan, published in reputable journals, has been reassuring. Nonetheless, because of unknowns, a judicious approach is warranted. This is reflected in advice from some of the specialty colleges.

- For instance, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) advice is "*at this time, pregnant women do not appear to be more severely unwell if they develop COVID-19 infection than the general population.*" Nonetheless, they encourage hospitals and other services "*proactively implement strategies to reduce the risk to both patients and staff*".

- The RANZCOG view is that, currently, there is no evidence of an increased risk of miscarriage, teratogenicity or vertical transmission of the COVID-19 virus. There is a possibility of an increased incidence of premature birth but there is insufficient evidence at this point in time.

- Nonetheless, the RANZCOG advice for pregnant healthcare personnel is "…. *where possible, pregnant healthcare workers be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, COVID-19 infection. All personnel should observe strict hygiene protocols and have full access to Personal Protective Equipment (PPE)."* https://ranzcog.edu.au/news/covid-19-and-pregnant-health-care-workers

- Likewise, research from Wuhan suggests that those who have a history of asthma are not at increased risk of acquiring COVID-19 infection. Conversely, there may be increased risk of an adverse outcome with comorbidities generally.

- From an occupational risk perspective, it is generally accepted that healthcare staff are likely to be at increased risk if they have (or are):

    - Pregnant
    - Immunosuppressed
    - Hypertension (dependent on type of medication)
    - Cardiovascular disease
    - History of serious asthma
    - Significant chronic respiratory illness
    - Diabetes mellitus
    - Malignancy

- Plainly any staff who are at high risk should not care for patients with COVID-19 infection (confirmed or probable) or undertake frontline triage roles or swabbing/ testing.

- Age over 70 is something that may need to be addressed on a case-by-case basis, unless an institution has a clear policy on it.

RISK MITIGATION FOR "AT RISK" HEALTHCARE WORKERS

- What to do then if you are in an at-risk group and you are still working?

    - Discuss the matter with your line manager
    - Seek advice/support from occupational health services
    - Consult your own clinician/health provider
    - Request assignment to a lower-risk role i.e. a role that avoids actual or potential contact with COVID-19 patients
    - Work from home if that is a possibility
    - Seek advice from us if necessary

- **However, what is a lower-risk role?** In reality, it may mean avoiding any role that involves direct contact with any patient, not just COVID-19 patients. Many units and

services are erring on the cautious side and are adopting this approach. Some cases could be determined on a case-by-case basis, having regard to the actual role and risk mitigation measures. Any case-by-case determinations should involve mutual consent.

- All at risk exposures or breaches of PPE protocols should be documented at the time.

- As we have previously advised, managers/employers have obligations under workplace safety legislation to mitigate risk. Furthermore, under employment law, they have a duty to do what is 'reasonable' and they have 'good faith' obligations. Breaches of the former carry hefty penalties.

- Should nurses unable to perform their normal work continue to be paid? This is complicated and there is some legal uncertainty. Many of the Government support measures announced to date are silent on this.

- Some DHBs have assured employees "*if you cannot be redeployed and cannot work from home, you will qualify for paid special leave*". Government policy is that state sector employees be paid.

- The situation in the private and NGO sectors is more complicated. Ideally, paid special leave should apply, but that may not happen. In some cases, private sector employers are using the Government COVID-19 wage subsidy, with or without some top-up by employers.

- Many primary care employers are applying for this subsidy. (More generally, the Government is also currently looking at possible other ways of financially supporting primary care businesses suffering revenue loss through COVID-19.)

- Can you be forced to take annual leave? Legally, annual leave can only be used by mutual agreement.

- Unpaid special leave may apply in some cases in the private sector.

- Further guidance on this may be issued in due course. More notices to follow. **Keep safe.**