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| Individual Staff Risk Assessment Checklist for COVID-19 (version 4) |
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If you have previously completed version 3 of this risk assessment it should not be necessary to complete the risk assessment again using this document unless there have been any significant changes in your health to affect your risk group.

This risk assessment checklist is designed as a tool to facilitate joint understanding and decision making in relation to assessing the individual risk of occupational exposure to Covid-19 and measures needed to reduce this risk to as low as is reasonably practicable.

In line with Government and Public Health England (PHE) advice, (<https://www.gov.uk/coronavirus>) as much home working as possible should be facilitated and social distancing should be practised in order to minimise the exposure of staff to COVID-19 (whether they have risk factors or not).

This risk assessment checklist is an initial ‘screening’ tool. Please complete Part A of the following document and return this to your line manager who will make arrangements to complete Part B with you. Part C and D (Return to Workplace supplementary staff risk assessment) will be completed depending on the outcome of the Part B assessment.

For individuals who might be at increased risk, based on the information provided, a more detailed discussion involving the Human Resources (HR) Schools Teams will take place.  Following this review, a referral to Occupational Health (OH) for advice will be considered and made if necessary.

Should you require further advice or guidance on completing the document, please initially seek assistance from your line manager and / or HR Schools Team.

This version of the checklist has been written to reflect current evidence and guidance on risk factors. Please ensure you keep up to date with all University communications and revisions of this document, which will be updated to reflect changes in Government and PHE advice.

All staff are reminded to adhere to the following guidance and additional information, which is available at <https://www.cam.ac.uk/coronavirus/stay-safe-cambridge-uni>

* Comply with the social distancing guidelines <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing> at all times, whether in vehicles, on site, outside or inside. Advise colleagues politely if you see they are not maintaining social distancing; accept feedback about your social distancing from others.
* The University and Colleges now expect all members of the Cambridge community to wear face coverings at ALL times in ALL indoor work or study settings, even if social distancing of at least 2m can be maintained. The only exceptions are work in single-occupancy rooms with closed doors, when actively eating or drinking, or when the individual concerned has a medical exemption. Staff should carry face coverings with them at all times and wear them when asked to do so by College or University authorities.<https://www.cam.ac.uk/coronavirus/stay-safe-cambridge-uni/wear-a-face-covering>
* Wash your hands more often than usual, using soap and hot water for at least 20 seconds, or use a hand sanitiser - when you get home, into work, and during the day, before and after you eat, or handle food, and after using the toilet. Hand sanitiser, soap, and hot water will be provided. Touching of the face should be avoided <https://www.cam.ac.uk/coronavirus/stay-safe-cambridge-uni/regularly-clean-your-hands>
* Ensure that you are aware of the actions to take if you develop any COVID-19 symptoms and correct procedures are followed during resultant absence from work:

<https://www.cam.ac.uk/coronavirus/stay-safe-cambridge-uni/report-symptoms-and-get-a-test>

* Ensure you are aware of how to access the testing service for symptomatic staff:

<https://www.cam.ac.uk/coronavirus/stay-safe-cambridge-uni/report-symptoms-and-get-a-test>

* COVID-19 related absence (e.g. self- isolation for symptoms, isolation as a household member, isolation having received a notification to self-isolate from NHS Test and Trace, and isolation in relation to shielding [where this is recommended by the government]) is supported by the University.
* Psychological support is available for any individual concerned about their mental health since the COVID-19 pandemic and/or their vulnerability to COVID-19. Staff support can be accessed through the University Staff Counselling Centre <https://staff.counselling.cam.ac.uk/> and student support can be accessed through the University Student Counselling Service <https://www.counselling.cam.ac.uk/>
* Consider whether public transport / rush hour can be avoided through adjustments to work hours or accessing alternative travel arrangements.

Part A – to be completed by individual

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| **Name** | |  | | | |
| **Job Title** | |  | | | |
| **Department** | |  | | | |
| **INDIVIDUAL HEALTH ASSESSMENT** | **Tick answer** | | | **Risk group details** | **Action required to control risks** |
| **Yes** | | **No** |
| Have you received a ‘shielding letter’ from the NHS Coronavirus Service or your GP or Specialist Unit informing you that you are ‘clinically extremely vulnerable’? |  | |  | Individuals who have received shielding letters should comply with the shielding recommendations and only work from home when shielding advice is in operation.  As the shielding advice is updated individual risk assessments will need to be undertaken in advance of staff in this risk group returning to the workplace and work from home should be continued where possible. | Individuals in this group should work from home whilst a shielding recommendation is in operation.  **Management action:**  At times when the shielding advice is paused, individuals currently shielding, who are unable to work from home, will be able to go back to work so long as the work environment is COVID-safe. A further risk assessment will need to be undertaken for this group. Please complete Part B and D (Return to workplace Supplementary staff risk assessment).  Ensure that individuals are aware that psychological support is available for any staff / student member concerned about the impact COVID-19 has had on their mental health or their vulnerability to COVID-19. |
| Do you have any of the ‘very high risk’ medical conditions listed below?  i.e. red risk category |  | |  | If you are concerned that you should be in the clinically extremely vulnerable [red risk category] but have not received a shielding letter or text, please contact your GP or Specialist for further advice. | The Government has introduced local COVID alert levels (<https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae> ) which provide additional guidance for the clinically extremely vulnerable. Individuals in this group should work from home when a shielding requirement is in operation (nationally or locally) and, when one is not, should undertake stringent social distancing.  **Management action:**  Those staff with updated shielding letters / allocated to the red risk group should comply with the shielding recommendation and only work from home during the period when a shielding recommendation is in operation. There may be exceptional circumstances where staff in the red group may be able to undertake some work on site but this should only been with the agreement of the individual, their manager and following consultation with occupational health  As shielding advice is lifted staff in this group may return to work to in COVID-Safe areas. A further risk assessment will need to be undertaken for this group. Please complete Part B and D (Return to workplace supplementary staff risk assessment). This document should include the agreed measures in place to reduce risk of exposure. If further guidance is required an Occupational Health referral is part of this process.  Staff who are pregnant and in the red risk group due to gestation or additional health condition should have regular review of their New and Expectant Individuals Risk Assessment, taking into account Covid-19 in addition to other workplace hazards. This should take into account the current RCOG guidance, which can be accessed at <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-09-10-occupational-health-statement-rcog-rcm-fom.pdf>  Ensure that individuals are aware that psychological support is available for any staff / student member concerned about the impact COVID-19 has had on their mental health or their vulnerability to COVID-19. |
| VERY HIGH RISK (red)  Clinically extremely vulnerable (shielding group) including the following:   * Solid organ transplant recipients * People with specific cancers:   + People with cancer who are undergoing active chemotherapy   + People with lung cancer and are undergoing radical radiotherapy   + 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 * People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD). * People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell). * People on immunosuppression therapies sufficient to significantly increase risk of infection. If in doubt please contact Occupational Health (OH) for advice. * Problems with your spleen, for example splenectomy (having your spleen removed) * Adults with Down’s syndrome * Adults on dialysis or with chronic kidney disease (stage 5) * Women who are pregnant with significant heart disease, congenital or acquired (at any stage of pregnancy) * Other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions   The following have also been identified by specialist groups as high risk and requiring shielding:   * People with severe diseases of body systems, such as severe kidney disease (dialysis), frequently relapsing nephrotic syndrome of those with a current nephrotic range proteinuria, etc. * People with a neurological condition that has been identified as high risk as detailed in the guidance from the Association of British Neurologists Guidance on COVID-19 for people with neurological conditions, their doctors and carers available at the following link - <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>   Other groups not in the shielding group but considered clinically vulnerable and to be treated as very high risk:   * Those who are pregnant (after 28 weeks pregnant) * Asthmatics who are on high dose inhaled steroids and have any of the identified risk factors detailed in the Stratification for staff with asthma algorithm. * The majority of staff in the red group will be in the Public Health England “shielding group” and will be contacted individually by the NHS. If you are concerned that you should be in the red group but have not received a shielding letter or text, please contact Occupational Health. * Staff in the red group should work from home where possible and only attend the workplace when the recommendation to shield is not in place. There is a return to work guidance for this group and the must complete – section D. * For staff who are pregnant and in the third trimester (greater than 28 weeks) or have an underlying health condition, such as a heart or lung disease, the individual’s pregnancy risk assessment should also be taking into account the current RCOG guidance [Occupational health advice for employers and pregnant women during the COVID-19 pandemic](https://www.rcog.org.uk/globalassets/documents/guidelines/2020-09-10-occupational-health-statement-rcog-rcm-fom.pdf) | | | | | |

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| **INDIVIDUAL HEALTH ASSESSMENT** | **Tick answer** | | **Risk group details** | **Action required to control risk** |
| **Yes** | **No** |
| Do you have any of the ‘high risk’ medical conditions / other risks listed below?  i.e. orange risk category |  |  | There is a wide spectrum of risk in the Orange risk category from individuals whose vulnerability to coronavirus is unlikely to be significantly higher than colleagues with no risk factors [green risk category], to those whose vulnerability is approaching that of colleagues in the red group.  Age, gender, ethnicity (BAME) and obesity are important factors that need to be taken into consideration when considering individual risk.  Individuals who have two or more risk factors in the orange risk category may have a higher level of vulnerability to COVID-19. This should be discussed with your HR Schools Team and a referral to OH considered to discuss whether a higher level of precaution is needed.  Some individuals may fall into a yellow risk category (increased risk group e.g., asthma (see Appendix 1)). This group are likely to have well managed underlying health conditions or other risk factors. | Advise stringent social distancing.  Undertake local risk assessment (Part C) before any work in areas where there is a high risk of COVID-19 exposure.  Individual may work, but must complete a local risk assessment (Part C) and agree measures in place to reduce risk of exposure with their line manager  **Management actions:**  Complete (Part C) Individual checklist for Individual Local Risk Assessment for Orange / Yellow Risk Groups  OH does not need to be contacted if the individual and their manager have sufficient information on which to base an assessment. However, OH can advise when it is unclear which group an individual is in, and if this is orange, what is the stratification of risk (see Appendix 3). Please complete the COVID-19 OH referral. |

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| * HIGH RISK (orange) * Aged 65\* or older * Aged 60\* or older and EITHER male OR from a BAME background (see Appendix 2) * Aged 55\* or older AND are male AND from a BAME background (see Appendix 2) * From a BAME background - see section on ‘other things that can affect your risk’: <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/> * Under 65 with an underlying health condition listed below (ie anyone advised to have a flu jab each year on medical grounds): * Chronic (long-term) respiratory diseases, such as asthma (see Appendix 1), chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis. Latent tuberculosis is not considered high risk (i.e. Green). Past TB where there may be post TB lung damage may make individuals more vulnerable to chest infection so is deemed increased risk – i.e. yellow increased risk (i.e. yellow) (contact occupational health if you are unsure) * Chronic heart disease, such as heart failure. Asymptomatic heart valve disease is not considered high risk (i.e. Green). Individuals with complex congenital heart disease are considered at heightened risk, as are those with symptomatic heart valve disease and pregnant staff with cardiac conditions * Chronic kidney disease * Chronic liver disease, such as hepatitis – NB Asymptomatic hepatitis B & C with no co-morbidities is not considered high risk (contact occupational health if you are unsure whether you should be in the orange or green group) * Chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy * Diabetes * A weakened immune system as the result of medical conditions or medication NB well controlled HIV with CD4 count ≥ 200 or above and undetectable viral load, on ART is not considered heightened risk (i.e. Green). Contact occupational health if you have a weakened immune system due to medical condition or medication if you are unsure whether you should be in the green, orange or red group. * Being seriously overweight (a body mass index (BMI) of 40 or above) * Those who are pregnant (before 28 weeks) – we advise this risk assessment is undertaken with the New and Expectant Mothers risk assessment checklist, with an aim that the risk of exposure to COVID 19 in the work setting is no greater than the risk of exposure out of the work setting. Please refer to the current RCOG guidance Occupational health advice for employers and pregnant women during the COVID-19 pandemic when completing the pregnancy risk assessment * Those with poorly controlled hypertension, secondary hypertension or hypertension with an associated cardiac condition. Well-controlled hypertension with no cardiac complications/ effects (e.g., left ventricular hypertrophy) including those treated with ACE (angiotensin-converting enzyme) inhibitors or ARBs (angiotensin-receptor blockers) are not considered heightened risk. (i.e. Green)   Please seek advice from Occupational health for the following:  Age as a risk factor  If the staff member is 5 years over the age threshold for any of these categories. E.g. 70 years old with no medical conditions / male, BAME and 60  INCREASED RISK (yellow)   * Some individuals may fall into a yellow risk category. This group are likely to have well managed underlying health conditions, e.g., asthma – see appendix 1. |

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| **INDIVIDUAL HEALTH ASSESSMENT** | **Tick answer** | | **Risk group details** | **Action required to control risk** |
| **Yes** | **No** |
| Do you fall into neither the orange or red risk category above  i.e. Green risk category |  |  | If not highlighted by any of the criteria set out in either red or orange risk group then individuals are classified as - STANDARD RISK - **green** - social distancing group.  Workplace adjustments may need to be considered because of pre-existing health problems or disability, unrelated to a vulnerability to COVID-19 e.g. pre-existing anxiety aggravated by COVID-19 outbreak. Reasonable adjustments may be required. | No heightened risks identified  Standard risk group:  Social distancing  Able to work in all areas – follow University return to workplace protocol.  **Management actions:**  Discuss any concerns highlighted by individual  Ensure individuals are aware of the guidance on page 2; assess how best to implement it (with adjustments if required) and identify who they should inform of any associated difficulties or concerns. |

**Part B – to be completed by line manager**

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| **Risk assessment outcome and work placement** | **Red Orange / Yellow Green**  + for orange and yellow risk group an individual risk assessment is required to determine appropriate activities |
| **For those in the Red risk group please complete Part D** (**Return to workplace supplementary risk assessment)** | Yes/No |
| **For those in the Orange / Yellow risk group confirm that Part C (Supplementary risk assessment) has been completed and actions agreed** | Yes/No |
| **For those in the green risk category, please complete the date on which the assessment was undertaken (most recent) and completion of Part C is not required.** |  |
| **Name of Line Manager** |  |
| **Date of Assessment** |  |
| **Signature of Line Manager** |  |
| **Signature of Individual** |  |

**Part C – to be completed in discussion with line manager**

Supplementary Risk Assessment for Individuals in Orange Risk Group (and Yellow if appropriate) including Checklist

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| **Name of individual** |  |
| **Job Title** |  |
| **Department** |  |
| **Name of Line Manager** |  |
| **Date of Assessment** |  |
| **Signature of Line Manager** |  |
| **Signature of Individual** |  |

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| It is acknowledged that some individuals with well managed underlying health conditions, or other risk factors, may wish to continue to work without restrictions to their practice. This can be supported if a supplementary risk assessment has been completed to ensure the risk of exposure is reduced to as low as is reasonably practicable and that the individual is comfortable with the level of risk.  Where an individual wants to continue working, it is important that a local risk assessment is carried out to determine how risks can be best managed. It is important that the individual is content with the outcome of the risk assessment and is comfortable with the level of personal risk.  Advice is available to individuals and their managers if there are any questions or concerns about this. Depending on the nature of this, an enquiry could be directed to more senior management, HR Schools Teams, Occupational Health or Health and Safety.  If individuals wish to continue to work the following actions are required:   * Document measures to reduce exposures as far as reasonably practicable and any specific modifications required. * Confirm that the individual and their line manager are comfortable with the control measures that are in place and know they can request to review the decision at any time. * Review checklist to ensure all possible controls are considered and included if appropriate.   Indicate details of agreed workplace adjustments/adjusted duties below:              For all staff / students with an individual risk assessment a COVID-19 Risk Assessment Checklist must be completed with agreed actions – see overleaf |

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| **Tick those that apply** | **AGREED ACTION PLAN: (Please tick those that have been discussed/agreed)** | | | | |
|  | Stringent social distancing - limit duration of close interaction with people as much as possible, when possible maintain >2m distance from people. | | | | |
|  | If risk assessment identifies the need, review personal protective equipment (PPE) use to ensure availability, fit, correct donning and doffing and staff knowledge of the actions to take if PPE is not available / also consider the need for PPE for first aiders and security patrollers. | | | | |
|  | Ensure individuals are aware how to escalate any concerns about PPE availability | | | | |
|  | All members of the Cambridge community to wear face coverings at ALL times in ALL indoor work or study settings, even if social distancing of at least 2m can be maintained. The only exceptions are work in single-occupancy rooms with closed doors, when actively eating or drinking, or when the individual concerned has a medical exemption. | | | | |
|  | Ensure that individuals are aware of the actions to take if they feel unwell with Covid-19 symptoms | | | | |
|  | Ensure that individuals know about access to testing for symptomatic staff / students. | | | | |
|  | All individuals should be reassured that COVID-19 related absence (e.g. self- isolation for symptoms, isolation as a household member / isolation having received a notification to self-isolate from NHS Test and Trace, and isolation in relation to shielding [where this is recommended by the government]) is supported by the University. | | | | |
|  | Ensure that individuals are aware that psychological support is available for any staff / student member concerned about the impact COVID-19 has had on their mental health or their vulnerability to COVID-19. | | | | |
|  | Consider whether public transport /rush hour can be avoided through adjustments to work hours | | | | |
|  | Review if any workplace adjustment are required due to an underlying health condition/disability, these should be discussed with management and a plan agreed | | | | |
|  | If work restrictions are not considered to be operationally practical or an individual risk assessment is not appropriate in the current role - consider temporary redeployment to an **alternative work area within the division or wider University,** where exposure risk is lower.  Escalate decisions within your departmental or divisional structures, if needed. If there are any concerns raised by the staff member or manager about the outcome of the risk assessment process please seek further support from your HR Schools team. | | | | |
| **OH advice sought & outcome?** | |  | | | |
| **Further actions to be taken to reduce risks**  **(further actions needed only for “yes” answers in Part A)** | | | **By whom** | **By when** | **Date completed** |
|  | | |  |  |  |
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**The completed checklist should be filed in the staff members Personnel file. Review this risk assessment on a regular basis and close when no longer applicable.**

**Appendix 1**

**Stratification for Staff with Asthma**

On inhaled steroid

**C**

GREEN

GREEN

ORANGE

YELLOW

Presence of ≥ 1 additional risk factor:

* Hospital admission in last year
* Intensive care treatment ever
* Steroid orally daily (prednisolone)
* Antibiotic orally weekly (azithromycin)
* ≥ 4 oral steroids / yr
* Smoker or vaper

Yes

No

No

Yes

Rescue inh < 3x /wk

AND

OCS < 2 /year

HIGH DOSE ICS with extra controller AND one of the following:

On maintenance prednisolone or frequent oral steroids

On a biologic therapy: Mepolizumab (Nucala) Benralizumab (Fasenra)

Reslizumab (Cinquero)

Omalizumab (Xolair)

RED

No

Yes

HIGH DOSE ICS + extra controller

MEDIUM DOSE ICS +/- extra controller

LOW DOSE ICS

Rescue inh < 3x /wk

AND

OCS < 2 /year

Yes

No

Rescue inh < 3x /wk

AND

OCS < 2 /year

No

RED and gov’t criteria for shielding

Asthmatics in the shielded group should have received correspondence from their GP

Yes: Consult BTS table to check if low / medium or high dose

Consider elevating one colour risk level level if smoker / vaper or age > 50

YELLOW

Recommend GP treatment review

YELLOW

Recommend GP treatment review

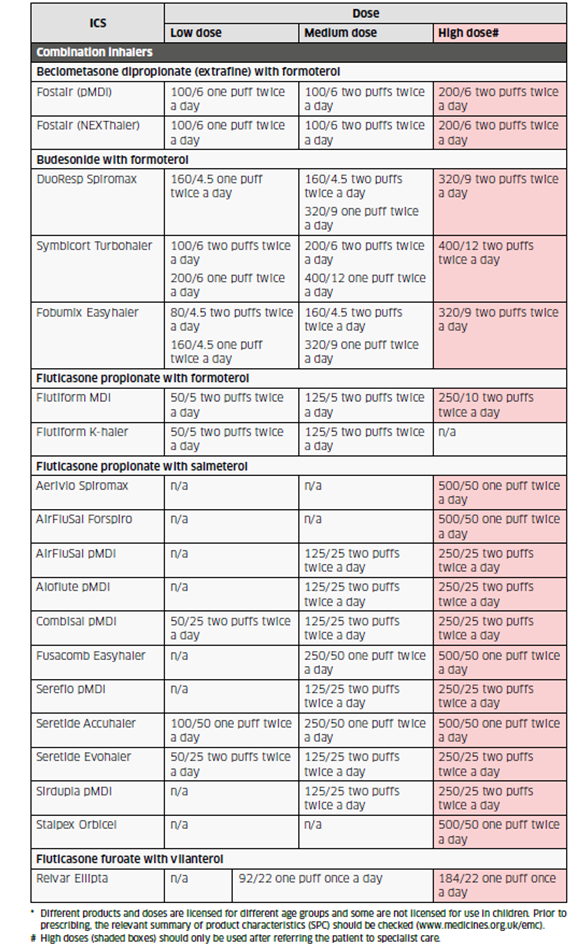
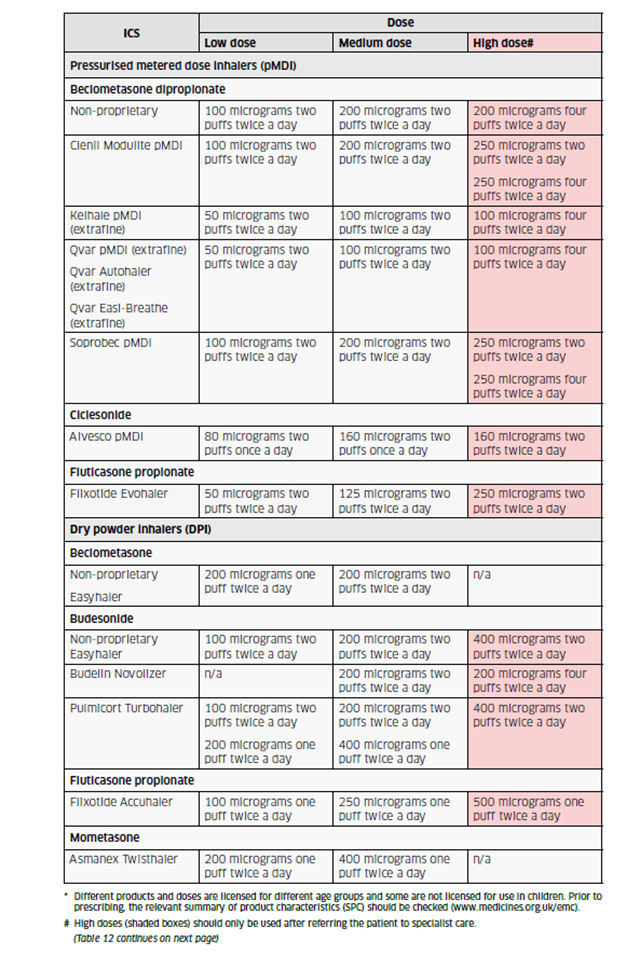
OCS / yr means the number of courses of high dose oral prednisolone (e.g. ≥ 0.5 mg / kg) for at least 3 days within the past one year.

ICS means inhaled steroid. INH means inhaler.

Additional controller refers to taking certain extra medicines as well as a preventer inhaler (for example, montelukast, salmeterol or formoterol, or you are on a combination inhaler such as Seretide, Fostair, Symbicort, Flutiform, Fobumix, DuoResp Spiromax, Combisal, Sereflo, Sirdupla, Aloflute, AirFluSal, Relvar, Ellipta, Fusacomb or Stalpex.

**Asthma Inhaler Strength Classification:**

**https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/**

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**Appendix 2**

**BAME related COVID risk**

The review of disparities of risk and outcomes of coronavirus (COVID-19) carried out by Public Health England (PHE) showed that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying for COVID-19 ¹.

*Although there has been much debate about the use of the term BAME, this terminology, in relation to COVID-19, came about as a result of statistical analysis and data. As there is currently no agreed, acceptable alternative terminology, this term has been adopted as is widely used by PHE and NHS England.*

An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British².

Completion of the individual staff risk assessment is part of the COVID-19 [Return to the Workplace Protocol](https://universityofcambridgecloud.sharepoint.com/:w:/r/sites/COVIDRecovery/_layouts/15/Doc.aspx?sourcedoc=%7B2FE048BD-9E63-44AB-9ADE-122680E61FE1%7D&file=Return%20to%20the%20Workplace%20Protocol.docx&action=default&mobileredirect=true&cid=ecb9caf3-e10e-4a8c-878f-e7a4bafca8b0) and the form is intended to be used together with the accompanying [Guide for managers on supporting BAME staff returning to the workplace](https://www.hr.admin.cam.ac.uk/RTW_BAME_guide).

The accompanying Guide highlights that 'the differences in mortality are linked to existing structural health inequalities and underlying systemic racism', and that BAME people are four times more likely to die from a COVID-19 related cause than white people. As a result, managers are asked to support their team’s wellbeing accordingly.

As an identified risk factor and recognising NHS guidance³, the COVID risk assessment form has included BAME in the orange risk category. This reflects the multiplicity of factors contributing to the risk ('Individuals who have two or more risk factors in the orange risk category may have a higher level of vulnerability to COVID-19.'), so identifying as BAME in itself does not automatically justify this type of risk - other factors would need to be present at the same time.

The 'Guide for managers on supporting BAME staff returning to the workplace’ provides a checklist and guidance for line managers holding return to workplace discussions with BAME staff and signposts ongoing support should this be required.

References:

¹ <https://www.gov.uk/government/publications/covid-19-mitigation-of-risks-in-occupational-settings-with-a-focus-on-ethnic-minority-groups/mitigation-of-risks-of-covid-19-in-occupational-settings-with-a-focus-on-ethnic-minority-groups-consensus-statement-from-phe-hse-and-fom?fbclid=IwAR1592RY18uk40-V9WzsyiXpryRABPeXhDw2XxuMR1hWjzsK9xe2_4_T-EA>

² <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

³ <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

**Appendix 3 -**

**Stratification for Orange Risk Group for Certain Health conditions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Respiratory | Cardiovascular | | | ****Other infections**** | |
|  | TB | Hypertension | Asymptomatic heart valve disease | Atrial fibrillation | HIV | ****Hepatitis B or C**** |
| Standard risk  (Green) | Latent TB | Well controlled hypertension and no cardiac complications/ effects (eg left ventricular hypertrophy)  No other risk factors including those treated with ACE inhibitors or ARBs\*\*\*\* | Asymptomatic heart valve disease\*\* |  | CD4 count ≥ 200 or above and undetectable viral load, on ART | Asymptomatic, with no treatment or comorbidity |
| Increased risk  (Yellow) | Past TB\* |  |  | Controlled atrial fibrillation without reduced left ventricular function |  |  |
| Heightened risk  (Orange) |  | **Poorly controlled hypertension or cardiac complications (e.g. left ventricular hypertrophy)**  **Other risk factors: MI, stroke, aneurysm, renal compromise, etc.)**  **Secondary hypertension,**  arising from other underlying disease |  |  | CD4 count <200, detectable viral load or not on ART | Asymptomatic, with co-morbidities or on current treatment |
| Comments |  | Risk may be higher if there are other medical conditions  Consider increasing level if heart disease, BMI over 30. | | | Risk may be higher if there are other medical conditions |  |
| \* Post-TB lung damage can leave individuals more vulnerable to chest infections and so at increased risk of secondary infections if they develop Covid-19  \*\*Individuals with complex congenital heart disease are considered at higher risk, as are those with symptomatic heart valve disease and pregnant staff with cardiac conditions  \*\*\* The Medicines and Healthcare products Regulatory Agency states that “there is no evidence from clinical or epidemiological studies that treatment with angiotensin converting enzyme inhibitors (ACE inhibitors or ACE-I) or angiotensin receptor blockers (ARBs) might worsen Covid-19 infection” <https://www.gov.uk/government/news/coronavirus-covid-19-and-high-blood-pressure-medication>. This is currently being reviewed by NICE. | | | | | | |