Coronavirus disease (COVID-19)

Fact sheet for higher-risk healthcare workers

Last updated: 21 April 2020

Who should read this?

All health service workers who are at higher risk for severe illness from COVID-19 and their managers.

Higher-risk population groups

- Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions
- People 65 years and older with chronic medical conditions
- People 70 years and older
- People with compromised immune systems

Pregnant women should be considered potentially vulnerable, particularly from 28 weeks gestation.

The following chronic conditions are of concern in Aboriginal and Torres Strait Islander people over 50 years and vulnerable workers over 65 years:

- Chronic renal failure
- Coronary heart disease or congestive cardiac failure
- Chronic lung disease (severe asthma for which frequent medical consultations or the use of multiple medications is required, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, chronic emphysema)
- Poorly controlled diabetes
- Poorly controlled hypertension

People at any age with significant immunosuppression include the those who have:

- Haematologic neoplasms: leukemias, lymphomas, myelodysplastic syndromes
- Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months or on treatment for GVHD)
- Immunocompromised due to primary or acquired immunodeficiency (including HIV infection)
- Current chemotherapy or radiotherapy
- High-dose corticosteroids (≥20 mg of prednisone per day, or equivalent) for ≥14 days
- All biologics and most disease-modifying anti-rheumatic drugs (DMARDs) as follows:
 - Azathioprine >3.0 mg/kg/day
 - 6-Mercaptopurine >1.5 mg/kg/day
 - Methotrexate >0.4 mg/kg/week
 - o Prednisone >20 mg/day. If <14 days treatment, can resume work when treatment ceased
 - Tacrolimus (any dose)
 - Cyclosporine (any dose)
 - o Cyclophosphamide (any dose)
 - Mycophenolate (any dose)
 - Combination (multiple) DMARDs irrespective of dose



Read up-to-date information for health services

What should you do if you feel unwell?

Only go to work if you are well. Consider this before work each day and take your own temperature.

You must report to your manager if you have the following symptoms before or during work:

- fever (temperature of 37.5 degrees or higher) or
- symptoms of acute respiratory infection (for example, shortness of breath, cough, sore throat, nasal congestion).

Some health services may require you to be screened (temperature and/or symptom check) on site before work.

What should healthcare workers in the higher-risk population do?

Please practice stringent physical distancing and hand hygiene measures (especially in lifts and hospital thoroughfares).

You should also:

- avoid areas where there are suspected or confirmed cases of COVID-19
- where possible, avoid higher-risk clinical areas such as intensive care units, emergency departments and urgent care centres, acute respiratory assessment clinics and birth suites.

Where this is not possible, wear <u>personal protective equipment</u> at all times when in contact with suspected or confirmed cases of COVID-19.

For those with heart or lung disease, avoid all patient contact.

What should pregnant healthcare workers do?

There is limited evidence at this time regarding the risk of COVID-19 in pregnant women. Based on currentlyavailable information, pregnant women do not appear to be at higher risk of severe COVID-19 illness than the general population. However, due to changes in their bodies and immune systems, we know that pregnant women can be badly affected by some respiratory infections, including influenza.

Pregnant healthcare workers should therefore be considered a potentially vulnerable group until further information is known.

Pregnant healthcare workers should be encouraged to follow the standard advice to protect themselves against COVID-19, such as good hand hygiene and physical distancing practices. They should report possible symptoms (including fever, cough or difficulty breathing) to their healthcare provider. Pregnant healthcare workers should also be encouraged to have the seasonal influenza vaccine, as this will help to prevent them and their baby from catching influenza.

Employers should assess the risks for pregnant health care workers; the measures available to mitigate risk, such as personal protective equipment; and consider alternative duties and patient allocation from 28 weeks gestation.

What are the work options for healthcare workers in the higher-risk population?

To limit direct patient contact, you may consider administrative duties or COVID-19 preparation work for your health service. Other options may include working in an advisory capacity to support local teams in implementing various changes in how the unit/service usually functions.

Where possible, try to work from home, using alternative communication methods such as teleconferencing or videoconferencing. If using shared office space, design it to ensure four square meters of space is given to each staff member. Clean work surfaces regularly.

Alternatively, you may want to request leave or alternate working arrangements from your employer.

In all cases, apply your health service guidelines and clinical judgement when determining work restrictions. Seek advice from your health service's occupational health and safety team.

What should higher-risk healthcare workers do if they come into contact with a suspected or confirmed case of COVID-19?

You must report to your line manager immediately and follow your organisation's infection control policies and procedures.

Where can I find out more information?

For Victorian updates: <u>dhhs.vic.gov.au/novelcoronavirus</u>

For national updates: health.gov.au/news/latest-information-about-novel-coronavirus

For international updates: who.int/westernpacific/emergencies/novel-coronavirus

WHO resources: who.int/health-topics/coronavirus

*This factsheet is based upon current research and will be continuously updated as new evidence becomes available

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