

This guideline has been reviewed and adjusted to reflect Southern Health-Santé Sud protocols and policies.

Guidance for Staff and Primary Care Providers Related to Health Care Workers with Underlying Medical Conditions and Potential Risk Factors for Severe COVID-19

As the COVID-19 Pandemic evolves in Manitoba, Employers are receiving increased requests for workplace exemptions and accommodations based on employees' personal risk factors. Health care Employers have a robust accommodation process, which continues to apply during COVID-19.

The following clarification is offered with respect to the options available to staff with underlying medical conditions, medication or immune compromised status who have concerns about their ability to report to the workplace during the COVID-19 pandemic.

As previously communicated, employees who have personal risk factors, which may include underlying health conditions or advanced age may request accommodations by contacting their local Disability Coordinator.

Manitoba's COVID-19 Incident Command has designated Dr. Allen Kraut, Occupational and Environmental Safety and Health (OESH) Lead for Manitoba's COVID-19 Response and Dr. John Embil as Infection Prevention and Control (IP&C) Lead for Manitoba's COVID-19 Response.

Together with clinical leadership and guided by the experience of other jurisdictions, Dr. Kraut and Dr. Embil are informing Manitoba's Personal Protective Equipment (PPE) Requirements and Dr. Kraut is tasked with reviewing concerns related to workplace exposure before making decisions about the need for workplace restrictions on staff or physician activities and/or the continued appropriateness of each individual reporting to their place of work.

This guidance is intended to provide:

- The current medical literature regarding the risk level to individuals who have underlying medical conditions, medications, immune compromised status or other factors which deem them high-risk; and
- The appropriate guidance and assistance to Primary Care Providers in issuing medical evidence which is required and acceptable to Employers within the health system to support an employee's request for a medical accommodation related to COVID-19.

Background

Potential risk factors for severe disease with COVID-19 infection have been identified based on preliminary case series and descriptive reports from China, Italy, and the United States.

The medical literature continues to emerge on this topic as the COVID-19 pandemic evolves.

It is therefore acknowledged that cited risk factors may change. In general, risk for hospital admission, more severe disease or death is higher with advanced age, or with one or more medical conditions including the following:

- Age > 65 years^{1,2,3,4}
 - Incremental increase in risk for severe disease after age 70 years
 - Incremental increase in risk for severe disease after age 80 years
- Cardiovascular Disease^{2,3,5}
- Hypertension^{2,3,5}
- Diabetes^{2,3,5}
- Lung disease including moderate to severe asthma^{2,5,6}
- Immunocompromised^{1,2}
 - Many conditions may cause a person to be immunocompromised. This may include medications such as prolonged high dose corticosteroid use, biologics, or other immune suppressing medications or cancer chemotherapies; HIV with AIDS; bone marrow or organ transplantation, or congenital immunodeficiencies.
- Active malignancy^{4,6}

Across the province, our ability to sustain vital health care services for people is dependent on the continued availability of staff and physicians. It is imperative that we take appropriate and available steps to protect our health care workforce from exposure to, and transmission of, COVID-19.

Protecting the Health and Safety of All Health Care Workers

In order to protect the health & safety of **all** health care workers with respect to COVID-19, appropriate steps include:

- Using Routine Practices for all patients at all times, which includes a point of care risk assessment;
- Following the screening and testing criteria when assessing patients who present with influenza-like illness or COVID-19 symptoms;
- Adhering to Infection Prevention and Control (IPC) recommendations for COVID-19 when caring for a patient with suspected or confirmed COVID-19;
- Ensuring that proper donning and doffing procedures are followed whenever personal protective equipment is worn;

- Being diligent with hand hygiene, and practicing social and physical distancing at work and in community settings;
- Staying home from work when ill, or when directed to do so because of travel history or unprotected* exposure to a COVID-19 case, in order to prevent potential transmission of infection to others.

* unprotected exposure is defined as providing care to a COVID-19 patient, or having direct contact with infectious bodily fluids of a COVID-19 patient, while not wearing the recommended personal protective equipment.

The precautions listed above are intended to be protective of **all** health care workers, including those who may have underlying medical conditions or advanced age. If the precautions listed above are followed, then the health care worker with an underlying medical condition or advanced age is not at greater risk of being exposed to the COVID-19 virus than any other health care worker.

Health care workers with underlying medical conditions or advanced age who can competently adhere to the precautions listed above do not need to be restricted from providing care to patients with suspected or confirmed COVID-19. No additional personal protective equipment measures or precautions are required for health care workers with underlying medical conditions or advanced age beyond those that are advised for any other health care worker.

Note that all health care workers across Manitoba, regardless of any underlying medical condition(s) or advanced age, who are unable to fully adhere to the IPC recommendations for COVID-19 (e.g. due to insufficient training, physical limitations, etc.) should **not** provide care to patients with suspected or confirmed COVID-19.

The IPC recommendations for COVID-19 include the use of an N95 respirator when an aerosol-generating medical procedure is performed. All health care workers who are required to wear an N95 respirator must ensure that their N95 respirator fit test is up to date.

Health care workers with chronic medical conditions or advanced age are advised to review the recommendations for social and physical distancing at work and in community settings in order to reduce their risk of acquiring infection with COVID-19 when they are not wearing personal protective equipment.

Guidance Regarding Medical Notes from Primary Care Providers for Employee Accommodation Requests

In order to assess requests for accommodations, Employers require objective supporting medical documentation from the employee's Primary Care Provider. Primary Care Providers are reminded that medical evidence to support a patient's request for an accommodation by their Employer should contain only the objective medical evidence upon which the request is based (e.g. nature of the underlying medical condition, restrictions, limitations, etc.). When considering whether a restriction or limitation is required for a particular patient, Primary Care Providers are encouraged to consult the points set out above with respect to the current medical

literature when issuing medical evidence in support an employee's request for an accommodation with the Employer.

For example, Primary Care Providers may indicate that for medical reasons (immune-compromised patient) that a patient requires personal protective equipment. However, it would not be appropriate for the Primary Care Physician to indicate that:

- the patient has to be provided *specific or types of* personal protective equipment (such as an N-95 mask or PAPR);
- *when* they should wear personal protective equipment; or
- *whether* they should be working on any particular unit (e.g. in an ICU where COVID-19 positive patients may be located).

References

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6. World Health organization Q and A. <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses> Last accessed March 31, 2020.