

Suggested Guidance for Addressing the Risk for Severe COVID-19 in relation to Employment in Barbados

Ministry of Health and Wellness

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Introduction

This document was done following a review of current guidance of the World Health Organization (WHO), the U.S Centers for Disease Control and Prevention (CDC), various country guidelines as well as reviewing the relevant current peer reviewed literature. This process also benefited from input from the UWI Public Health Group and the BAMP COVID-19 Task Force. *This guidance will be reviewed and updated periodically.*

Background

There are persons who are at greater risk of experiencing more severe disease and poorer outcomes if infected with COVID-19.

The risk of a potentially vulnerability is based on the interface of country risk, individual risk, and workplace risk. Any accommodations should be time limited, be based on the risk of exposure, and on the evidence of vulnerability.

Risk Factors

The factors associated with an increased risk of severe disease with COVID-19 are^{1 2}
3 4:

- 1) **Age (60+);**
- 2) **Severe Obesity (BMI >40);**
- 3) Chronic lung disease: cystic fibrosis, idiopathic pulmonary fibrosis, bronchiectasis, chronic obstructive pulmonary disease (bronchitis and emphysema), moderate to severe asthma that needs multiple medications and medical care i.e. previous admissions to hospital and/or frequent monitoring by a physician;
- 4) Serious heart conditions: congestive heart failure; coronary artery disease; congenital heart disease; cardiomyopathies; pulmonary hypertension;
- 5) Severe Hypertension;
- 6) Uncontrolled Diabetes Mellitus;
- 7) Chronic kidney disease at Stage 3B and above that is being treated with dialysis
- 8) Liver disease: hepatitis, cirrhosis, liver failure
- 9) Immunosuppression: undergoing active chemotherapy, radiotherapy or immunotherapy for cancer; bone marrow or solid organ transplantation; some blood cancers (myeloma, lymphoma or leukemia); congenital immunodeficiency (e.g. SCID) ; acquired immunodeficiency including HIV; immunosuppressive medications such as high dose corticosteroids; monoclonal antibody therapies; combined DMARD therapy for rheumatic diseases

¹ Z. Zheng, F. Peng and B. Xu et al., **Risk factors of critical & mortal COVID-19 cases: A systematic literature review and meta-analysis**, *Journal of Infection*, <https://doi.org/10.1016/j.jinf.2020.04.021>

² List adopted and adapted from **BAMP COVID-19 Task Force Recommendations on Policy of Phased Return to Work of Vulnerable Workers** as submitted electronically to the EOC on May 23, 2020

³ Adapted from **Groups at Higher Risk for Severe Illness** as accessed on June 6, 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html#immunocompromised>

⁴ Adapted from **Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19** as accessed on June 6, 2020 from <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

- 10) Hemoglobinopathies and blood dyscrasias: sickle cell anemia; thalassemia, thrombocytopenia,
- 11) Women who are pregnant with heart disease (congenital or acquired).

For persons considered to be at increased risk of having severe illness if infected with COVID-19 the options include adaptation of working roles, working from home and changing roles.

This has to be considered in the context of the rate of COVID-19 infection in the country, the work setting risk (including the risk of exposure through colleagues and clients), and the interaction frequency and length with clients. Available options should be made to manage risk before resorting to excluding persons from the workplace. **Shielding should be considered as a last resort and should be for a defined period of time.**

Other factors to be considered include the level of severity of the risk factor, the role that the person serves, the options for physical distancing and other protective measures, and options for deployment of the officer.

Workplace Exposure Risk

The risk of exposure in the workplace must be considered. This is dependent on the extent of frequent, long and intimacy of interaction with persons who are likely to be infectious. The highest level of workplace exposure risk would be associated with frequent, long and intimacy of interaction with persons who are likely to be infectious in the absence of PPE and other control measures. *An example of this would be providing care to COVID-19 positive persons without appropriate PPE.*

Workers who are interacting with the general public but where there is temperature screening, hand and surface sanitising and other protective measures are associated with lower risk. The job related risk relates to the extent to which there is close, frequent prolonged interaction with persons who may be infected.

When the incidence of COVID-19 is elevated in the community, the specific role of the individual at work and their vulnerability should then be assessed. Please refer to the matrix at the end of this guidance.

Key Principles to Guide Workplace Measures

1. Allow flexibility when possible in a manner that is non-judgemental and equitable:

- a. Consider offering vulnerable workers duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this and it can be accommodated in the setting.
- b. Ensure that any other businesses and employers sharing the same workspace also follow guidance that reduces risk.
- c. Facilitate telework, if feasible (this potentially has the benefit of removing transit time).
- d. The potential for undue burden on the employer must also be borne in mind.

2. Limit exposure at work and ensure that protective measures are in place in the workplace:

- a. Encourage good hand hygiene (hand washing and use of alcohol-based hand sanitizer) and good respiratory hygiene.
- b. Managing direct exposure to the public (through erection of physical barriers, limiting public interactions, adding floor markings etc).
- c. Regularly clean and sanitize spaces, especially high-touch areas such as doorknobs and phones.
- d. Have mechanisms in place to identify, separate and send home sick employees.

3. Both employers and employees should stay up-to-date on the latest relevant requirements and guidance inclusive of:

- a. The duty of care of the employer as outlined in SHAW Act (2005) to provide a reasonably safe working environment.
- b. The responsibility of employees to comply with workplace guidance and to behave in ways that keep themselves, their colleagues and clients reasonably safe.

Consider shielding from work if no other options exist

1. Available options to manage risk should be fully explored before resorting to excluding persons from the workplace;
2. Shielding should be considered as a last resort where telework is not possible and there is an agreement between employer and employee (*For example if there is widespread local transmission and a person is at high risk and telework is not possible the request should be considered for a period of up to 4 weeks and be renewed if necessary*).

Assessment Tool to support risk and options discussion between employee and employer⁵

Stage 3 (rate of COVID-19 cases)	Individual Risk	Workplace or job-type risk	Action Recommended
Stage 3C More than 35 per cases week	<u>High</u> Age over 60	<u>High</u> Frequent, prolonged and intimate interaction	Remote Work or Shielding
	<u>Medium</u> Current smoker BMI over 40	<u>Medium</u> Occasional interaction	
	<u>Low</u> No risk factor	<u>Low</u> Infrequent, intermittent and distant interaction	
Stage 3B 20 to 35 cases per week	<u>High</u> Age over 60	<u>High</u> Frequent, prolonged and intimate interaction	Explore possible remote work Change role Implement specific modifications
	<u>Medium</u> Current smoker BMI over 40	<u>Medium</u> Occasional interaction	
	<u>Low</u> No risk factor	<u>Low</u> Infrequent, intermittent and distant interaction	
Stage 3A Less than 20 cases per week	<u>High</u> Age over 60	<u>High</u> Frequent, prolonged and intimate interaction	Work with standard precautions
	<u>Medium</u> Current smoker BMI over 40	<u>Medium</u> Occasional interaction	
	<u>Low</u> No risk factor	<u>Low</u> Infrequent, intermittent and distant interaction	

⁵ **Notes:**

1. The tool is a guidance framework and not prescriptive.
2. The tool is based on best available evidence as of June 12, 2020.
3. Tool recommendations should be implemented on an individual basis and as far as possible in conjunction with employer and employee guided by mutual flexibility and relevant labour legislation.
4. Remote work or shielding to protect vulnerable persons is only applicable when the incidence of COVID-19 is high (at Stages 3B and 3C).