Persons at High Risk (formerly Vulnerable Persons) (COVID-19)

Technical Note

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1 Situational summary

In the nine months since issue of version 6 (April 2021) of the OGUK technical note regarding vulnerable persons, significant changes in the ongoing pandemic have continued. A 'third wave' (of delta variant) from mid-2021 onwards was notable for its much-reduced accompanying hospital admissions, due to the clinical effectiveness of vaccination in reducing illness severity. In late 2021 the 'omicron' variant appeared, and spread extremely rapidly throughout the UK. Omicron cases peaked in late December 2021 and currently continue at a high frequency in the population. Despite this, hospital admissions, admissions to intensive care units, and deaths from Covid remain at levels significantly lower than previous peak numbers.

The rate of Covid infection in communities will continue to vary both in time and place, within the UK and elsewhere, but it is likely that some degree of continued spread of infection within the population will persist for the indefinite future, to the extent that avoidance of infection becomes very difficult. This updated guidance reflects a general societal situation of moving towards 'learning to live with' Covid as an endemic infection.

The previous concepts of 'clinically extremely vulnerable' and 'clinically vulnerable' have been replaced by the concept of being 'at high risk'. Persons previously considered 'clinically extremely vulnerable' and 'clinically vulnerable' are now advised to follow the same advice as the general public, although employers may expect workers 'at high risk [of becoming seriously ill if they get Covid]' or with 'severely weakened immune systems' to wish to practice some precautions (e.g. social distancing) where not specifically required for the general public.

Several medications are now available for the treatment of early Covid in the community. These are currently indicated for persons in a subset (called 'at highest risk') of the 'at high risk' group, and added to the benefit of vaccination further reduce the frequency of admission to hospital. It is likely that eligibility for these treatments will broaden to more of the 'at high risk' group in future. The medications are not presently available on offshore installations, but a key objective of this technical note is now to ensure that workers who are potentially eligible for these treatments are identifiable at the point of clinical management.

1.1 Who is a 'vulnerable' (now 'at high risk') person?

The terms 'clinically extremely vulnerable' and 'clinically vulnerable' are no longer being used in UK clinical practice, and have been replaced by the concepts of persons at high risk of becoming seriously unwell if they catch Covid, and those with severely weakened immune systems.

Persons considered to be 'at high risk' are listed by the NHS (see: https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/) as being those with:

- long-term lung conditions (such as severe asthma, COPD, bronchiectasis and cystic fibrosis)
- long-term conditions affecting the heart or blood vessels (such as congenital heart disease, heart failure and peripheral arterial disease)
- long-term kidney disease
- long-term liver conditions (such as cirrhosis and hepatitis)

- conditions affecting the brain or nerves (such as dementia, Parkinson's disease, motor neurone disease, multiple sclerosis, epilepsy, cerebral palsy or stroke)
- severe or multiple learning disabilities
- Down's syndrome
- diabetes
- problems with the spleen or the spleen has been removed (splenectomy)
- severe obesity (a BMI of 40 or above)
- severe mental conditions (such as schizophrenia and bipolar disorder)
- a condition or treatment that makes them more likely to get infections
- a condition their doctor advises puts them at high risk

and those with 'severely weakened immune systems' (who in turn are also persons 'at high risk [of becoming seriously unwell if they catch Covid]', because of their weakened immunity) are those who have or have had:

- a blood cancer (such as leukaemia or lymphoma)
- a weakened immune system due to a treatment (such as steroid medicine, biological therapy, chemotherapy or radiotherapy)
- an organ or bone marrow transplant
- a condition that means they have a very high risk of getting infections
- a condition or treatment their specialist advises makes them eligible for a 3rd dose

Possession of an OEUK offshore medical certificate does ***not*** of itself indicate that a worker is 'at low risk of severe Covid effects'. Persons with some of these conditions (e.g. severe learning disabilities) are unlikely to be found in the offshore workforce, others of the conditions listed above (e.g. diabetes) are relatively common in the population generally and hence in offshore workers, and are not inherently incompatible with a finding of fitness for offshore work, and some conditions (e.g. organ transplant) will be rare, but likewise not inherently incompatible with fitness for offshore work. It should also be noted that although this technical note deals with Covid specifically, some of the conditions placing a worker in the 'at risk' group also make that worker more liable to the effects of infection with non-Covid communicable disease.

1.2 How 'vulnerable' is a person 'at high risk'?

The concept of 'Covid-age' remains a useful one for assessing an individual person's relative likelihood of serious consequences of infection compared to that of other people; updated in January 2022 it also permits adjustment for the effect of vaccination.

The tool to calculate Covid-age can be found here: https://alama.org.uk/covid-19-medical-risk-assessment/

It is important to note that the assessment of a person's liability to severe effects of Covid infection is likely to continue to change over time as, for example, the effects of newer treatments become better established.

1.3 How does vaccination affect Covid-age?

The Covid-age assessment tool was last updated in January 2022 and now includes an adjustment to Covid age which may be applied depending on the expected effectiveness of vaccination. It is suggested that in persons of working age, vaccination (and/or previous infection) will provide protection (against mortality) 'in excess of 80%' and that this level of protection corresponds to a reduction in Covid age of 16 years. Greater reductions in Covid age are applicable where vaccination effectiveness is known to be more than 80%.

1.4 Can a person 'at high risk' go to work?

UK Government advice as at December 2021 (1) is that persons formerly 'clinically extremely vulnerable' (i.e. those now 'at high risk') should follow the same advice as the general public, and advice to the general public (2) now says that persons should 'talk to their employer about returning to the office'. UK Government has indicated (3) that from 1st April, the need for employers to explicitly consider Covid-19 in risk assessments will be removed.

Scottish government advice (4), last updated in February 2022, may briefly be summarised as stating that 'workers [at high risk] can begin returning to the workplace', with 'hybrid working' encouraged where possible and workers encouraged to speak to their employer about risk assessment and safe working practices.

Regardless of government advice, some persons at low or 'acceptable' risk may continue to experience significant anxiety about being in a work environment, to the extent that they may not wish to attend their workplace. Equally, others undoubtedly 'at high risk' will nevertheless wish to attend work regardless of this because of financial or other employment-related hardship were they to be away from work.

1.5 Infection rates

The Office for National Statistics (ONS) publishes weekly figures on population Covid-19 infection rates derived from an ongoing household survey (see: Coronavirus (COVID-19) Infection Survey, UK - Office for National Statistics and click on "view latest release"). The results of this are presented to the industry Pandemic Steering Group during their fortnightly meetings and accompanies the minutes of meetings.

It is recognised that a number of offshore workers deployed to the UK sector have arrived from overseas, where infection rates may be significantly different, and reliable data less available.

Industry infection rates may be judged from a) the rate of persons found to have Covid at pre-mobilisation testing (where this is occurring), and b) the rate of persons presenting with Covid-like symptoms offshore. Individual operators/employers may be able to refine estimates of infection rates from their own data, but meaningful descriptions of trends and/or comparison with all-industry or national/international population figures may not be possible due to technical factors.

Where infection rate data is unavailable, or where Covid is believed to be endemic and rate of infection unknown, it should be assumed that population infection prevalence is equal to or more than 1000 per 100,000.

1.6 Risk matrix

ALAMA provides a matrix incorporating infection rates, Covid age and workplace risk, which operators/employers may find helpful in decision-making. This is the same as the Society of Occupational Medicine (SOM) matrix used in version 6 of this technical note, and is reproduced at appendix A.1.

2 General Principles

1. Operators and employers remain responsible for determining their own position regarding the deployment of persons 'at high risk' to offshore installations. This also applies to all other medical conditions, including all infectious diseases
2. The concept of 'vulnerability' to the effects of Covid-19 infection is not an 'all or nothing' one, but a matter of variable degree, and is influenced by vaccination status. The availability of new treatments will influence the clinical outcome for 'vulnerable persons' infected.
3. The 'Covid-age' assessment tool (5) remains a useful means of advising individual workers and with their consent, their employer/operator, of their personal degree of risk.
4. Where examining doctors/occupational physicians are asked to comment on risk of severe Covid-19 effects, they may use both published NHS criteria and the 'Covid-age' assessment tool as a means of assessing this.
5. A worker 'at high risk' and their employer and should be in agreement on the decision to deploy offshore: where this is not the case, employers should advise workers of the available alternative options.
6. Employers/operators should not seek advice in the form of statements of 'fitness' or 'unfitness' regarding persons at high risk, unless they provide definitions of these meanings (for example, couched in absolute or relative risk terms, or in added years or in Covid age itself).
7. Clinicians with responsibility for supervision and guidance of installation medics (i.e. registered medical practitioners with responsibility under Regulation 5 (1) (c) (i) of OFAR (L123, 2016)) should ensure that medics are aware of those conditions which make a worker 'at high risk' and of the need to assess risk status in Covid consultations, and advise Topside doctors accordingly.

3 Advice

It is therefore now advised that:

- Operators should make their employer supply chain aware of their position regarding persons 'at high risk' (see point 1).
- Employers should ensure that they retain awareness of 'at high risk' employees, to the extent required by their own process (see point 1).
- Workers should inform their employer if they have, or develop, any medical condition which may place them in the 'at high risk' group.

- Workers who have been advised by the NHS that they are eligible for pre-hospital Covid treatments (they may have received an 'eligibility letter' advising them so) should advise the installation medic of this on arrival offshore.
- Employers seeking confirmation of worker 'at high risk' status should do so through their usual source of medical advice.
- Operators and employers apply the foregoing national advice and general industry principles to their practices regarding the deployment of persons 'at high risk'.
- Individual discussions with 'at high risk' workers regarding deployment should include discussion of his/her vaccination status (fully or partially vaccinated) and effect of this on Covid-age and illness severity.
- Installation medics, their supervising medical practitioners, and Topside service doctors should ensure that consideration of Covid 'at high risk' status and consideration of eligibility for pre-hospital treatment is included in case management.

4 References

(1) 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 (accessed 15 Feb 2022)

(2) https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae (accessed 15 Feb 2022)

(3) https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19 (accessed 10 March 2022)

(4) https://www.gov.scot/publications/covid-highest-risk/pages/advice-on-working/ (accessed 15 Feb 2022)

(5) https://alama.org.uk/covid-19-medical-risk-assessment/ (accessed 15 Feb 2022)

A Appendix

A.1 ALAMA risk matrix

Technical note: this section previously referred to the SOM risk matrix (with viral prevalence per week) because the then ALAMA version used viral prevalence *per day* (not week) – the ALAMA version now uses prevalence per week too (as both ONS and industry figures refer to), so is now used here.

		Viral prevalence per week[α]			
Workplace risk	**Covid-age** ***Adjusted for immunity***	**1-9/100,000**	**10-99/100,000**	**100-999/100,000**	**1000+/100,000**
Very High In rooms, wards or vehicles caring for **Covid-positive** patients **where full PPE cannot be worn** reliably.	85 & above				
	70-84				
	50-69				
	Under 50				
High In rooms, wards, accommodation buildings or vehicles in close proximity to people with **suspected Covid-19**.	85 & above				
	70-84				
	50-69				
	Under 50				
Medium **High number of different face-to-face contacts**. e.g. healthcare, care homes, social care, hairdressing, teaching, police, probation work, supermarket staff. Public transport staff and passengers	85 & above				
	70-84				
	50-69				
	Under 50				
Low Good social distancing, ventilation and hygiene measures e.g. call centre work, office work, in-home utility and repair work. Commuting by car, bicycle and walking.	85 & above				
	70-84				
	50-69				
	Under 50				
Working from home	**All ages**				

	Overall risk is **very high**, avoid this activity
	Overall risk is **high**, only undertake this activity if it is essential and cannot be avoided
	Overall risk is **moderate**, avoid if the activity is unnecessary
	Overall risk is **low**, no requirement for any additional adjustments or controls

OEUK.org.uk/guidelines

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