



REVISED High Risk Health Care Worker COVID-19 Staffing Recommendations

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Data for specific risk factors for severe COVID-19 illness remain unclear. Although the situation is rapidly changing as new information arises, the following represents our current recommendations based upon available data for health care workers (HCW) who may be at higher risk. To avoid the widespread sharing of protected HCW medical information, it is crucial to confine PHI to only those individuals who need to know. Specific recommendations for each of these classes follows. *These recommendations may be updated as new information becomes available.*

Recommendations for pregnant HCW are covered in a [separate document](#).

Definitions

--Risk Factors

- Solid organ and/or stem cell (AKA bone marrow) transplantation
- Cancer
- Chronic lung disease and moderate to severe asthma
- Age 65 years and over
- Other severe chronic medical conditions

--Health Care Workers

HCW includes all people at Stanford Medicine whose occupational activities involve contact with patients [or contaminated material] in health care settings and clinical laboratory settings. This includes both those who provide patient care and those who do not provide direct patient care but have patient contact, such as personnel involved in dietary and housekeeping services who work in patient care areas. HCW include all contractors, clinicians, volunteers, students, trainees, clergy and others who come in contact with patients.

--Higher Risk Exposure Areas

Otolaryngology–Head and Neck Surgery (ENT), Anesthesia, Emergency Medicine, Intensive Care Units, and Primary Care.

--Confirmed COVID-19 or Suspected COVID-19 Patients

Confirmed COVID-19 are patients who have tested positive for COVID-19. Suspected COVID-19 are patients who have been tested for COVID-19 but have not yet received results.

Known Evidence and Risk of More Severe COVID-19 Disease

HCW with Transplanted Organs and/or Stem Cell Transplants—the COVID-19 pandemic is presenting challenges to all health care providers; however, those providers with solid organ or stem cell transplants may have additional concerns or questions regarding transplant-specific precautions they should be taking in the workplace. Although there is not much data on transplant recipients, those who have had a transplant should exercise caution and follow all of the guidelines regarding the approach to at-risk patients, use of personal protective equipment and hand washing. While there have been reports of transplant patients infected with the COVID-19 virus, it is currently not clear that transplant patients have more severe disease.

Transplant recipients are typically the most immunosuppressed within the first year of transplantation, and thus may be at even higher risk of severe disease if they develop COVID-19 infection. Lung transplant recipients remain highly immunosuppressed for the duration of their lives, and may also be at higher risk of severe disease at any time after transplantation if they develop COVID-19 infection.

HCW with Cancer—HCW with active cancer treatment plans, oral or infusion chemotherapy, immunomodulatory drugs, radiation therapy, and those with a history of cancer, especially those who have recently completed therapy and those who are immunocompromised due to past treatment, may face a higher risk from COVID-19.

In [*The Lancet Oncology*](#), a study on patients in China found that patients with cancer may be at a higher risk of COVID-19 respiratory disease requiring admission to hospital than individuals without cancer and that those with cancer who contract the virus have a higher likelihood of poor disease outcomes. Stronger personal protection provisions should be made for patients with cancer or cancer survivors. More intensive surveillance or treatment should be considered when HCW with cancer are infected with COVID-19, especially in older patients or those with other comorbidities.

HCW with Chronic Lung Disease or Moderate to Severe Asthma—People with chronic lung disease or moderate to severe asthma may be at higher risk of poor outcomes from COVID-19.

None of the respiratory therapy medications, including inhaled and oral corticosteroids and biologics, have been shown to increase the risk of getting COVID-19. Also, in patients who become infected with COVID-19, there is no information that being on any of the asthma medications will make it worse.

There is currently no evidence that inhaled corticosteroids increase the risks associated with COVID-19 infection. Consequently, there is no change to the current recommendations for the use of inhaled corticosteroid medications for patients with stable asthma.

Patients with stable chronic lung disease or moderate to severe asthma should be strongly encouraged to continue taking their usual medications as prescribed.

HCW age 65 and over—In general, older individuals with COVID-19 may be at higher risk for severe illness, particularly those with underlying medical conditions. Preliminary descriptions of outcomes among patients with COVID-19 in the United States indicates that fatality was highest in persons aged ≥85, ranging from 10% to 27%, followed by 3% to 11% among persons aged 65–84 years, 1% to 3% among persons aged 55–64 years, <1% among persons aged 20–54 years, and few fatalities among persons aged ≤19 years.

HCW with Other Severe Chronic Medical Conditions—There are several higher risk chronic medical conditions that require additional consideration and include, but are not limited to, heart disease, diabetes, chronic lung conditions (idiopathic pulmonary fibrosis, COPD), chronic immunosuppressive therapy, chronic kidney and liver disease, and those with severe obesity (body mass index (BMI) ≥40).

Recommendations

--Personal Protective Equipment should be used according to Stanford Medicine [guidelines](#) by HCW in all risk categories.

--Lung transplant recipients at any time after transplantation, and recipients of other transplants within a year of their transplantation should be removed from the direct care of patients with suspected or confirmed COVID-19, and from other activities in high-exposure areas and locations with patients with Confirmed or Suspected COVID-19 by submitting a request in writing to the manager or director of their specific department.

--Other HCWs at higher risk for the development of severe COVID-19 may request accommodation to be removed from direct care of patients with suspected or confirmed COVID-19, and from other activities in high-exposure areas and locations with patients with Confirmed or Suspected COVID-19 by submitting a request in writing to the manager or director of their specific department. Subject to staffing needs, management will make all efforts to reasonably accommodate the request by:

1. Reassigning the HCW to another area of the hospital
2. Permitting Telework—Telemedicine, if possible
3. Approving a Leave of Absence as accommodation according to policy

All accommodations will be subject to staffing needs.

NOTE: Our recommendations that certain HCWs may request accommodations to be removed from direct care of patients with Confirmed or Suspected COVID-19 are limited to patients who have been tested for COVID-19 and are either positive or have not yet received results. We are not recommending that HCWs request accommodations to be removed from direct care of patients who do not have suspected or confirmed COVID-19.

References

1. CDC Guidelines for Patients who are at Higher Risk for Severe Illness [\[link\]](#)
2. Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020 [\[link\]](#)
3. COVID-19 Infection in Patients with Cancer in China [\[link\]](#)
4. Coronavirus Disease (COVID-19): Frequently Asked Questions from Transplant Candidates and Recipients [\[link\]](#)
5. Lancet Oncology Cancer Patients with SARS-CoV-infection [\[link\]](#)
6. CDC Guidelines for Patients with Asthma [\[link\]](#)
7. Important information about COVID-19 for those with asthma—From the American College of Allergy, Asthma and Immunology [\[link\]](#)
8. The Primary Care Respiratory Society [\[link\]](#)