

Student Health Risk Assessment Form – Further Guidance

ANNEX A

Question 7 – additional information

Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by Covid19 and Public Health England have been asked by DHSC to investigate this at a national level. Underlying health issues and certain social circumstances are being put forward as possible explanations but it is important not to assume this. Until there is clarity about this matter we advise that BAME students may be additionally vulnerable to COVID-19. Similarly, being in the age group 60 – 69 and male gender seems to confer increased risk and all these facts will be taken in to account in the risk assessment. On their own these factors may not require restriction from any particular activity but with BAME in particular a similar approach will be taken to Questions 8 and 9 health conditions if possible and if underlying health conditions are present. There is further guidance at Annex E.

Question 8 – additional information

- Under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) respiratory diseases, such as [asthma*](#), [chronic obstructive pulmonary disease \(COPD\)](#), emphysema or [bronchitis](#);
 - chronic heart disease, such as [heart failure](#);
 - [chronic kidney disease](#);
 - chronic liver disease, such as [hepatitis](#);
 - chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy;
 - [diabetes](#);
 - problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed;
 - a weakened immune system as the result of conditions such as [HIV and AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#);
 - being seriously overweight (a body mass index (BMI) of 40 or above).

***What does “immunosuppression therapies sufficient to significantly increase risk of infection” mean?**

The PHE guidance does not define “significantly increase risk of infection”. Similar issues arise when considering risk from live vaccines such as MMR and TB and in this context we are drawing on established advice from PHE. A list of Drugs and Doses is at Annex B below but if you are taking any of the medications listed, even at a lower dose you are advised to seek further advice, either from your specialist or the Faculty of Health's Occupational Health Provider, Occupational Health and Wellbeing, University Hospital's Plymouth NHS Trust, Derriford Hospital Plymouth. Email: plh-tr.occhealth.foh@nhs.net. Telephone: 01752 437222.

***Asthma**

There is little evidence to suggest that mild, well controlled asthma presents a significant risk for severe disease. If your asthma is well controlled on your regular preventer medicine and

- You have not had an admission to hospital in the last year,
- You have not needed 2 or more courses of oral steroids in the last year, and
- You are using your blue reliever inhaler less than 3 times per week

it may be reasonable to continue working normally.

If you have severe asthma and this is defined in Annex C below.
In all other cases you need to follow the advice below.

***Pregnancy:**

There is good advice to pregnant women from the Royal College of Obstetrics and Gynaecology at this link: [Coronavirus \(COVID-19\) infection and pregnancy](#). Current evidence is that pregnant women are not more at risk of catching COVID-19 or suffering from the more severe disease than other adults of similar age and there is little evidence that the virus can be transmitted to the unborn child during pregnancy or during childbirth. Most pregnant women will be young and fit and so at low risk of serious illness.

What if a student has multiple conditions?

It is not clear how different conditions interact, therefore, where an individual has multiple factors that affect risk please see the advice at Annex E.

ANNEX B

PHE guidance in the "Green Book" advises that live vaccines should not be given to:

- those who are receiving or have received in the past 12 months immunosuppressive biological therapy (e.g. anti-TNF therapy such as alemtuzumab, ofatumumab and rituximab) unless otherwise directed by a specialist
- those who are receiving or have received in the past 3 months immunosuppressive therapy including:
- adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/kg/day in children under 20kg) for more than 1 week
- adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
- adults on non-biological oral immune modulating drugs e.g. methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day

ANNEX C

The NHS now say that you would be considered at very high risk if ALL THREE of these things apply to you:

- You have asthma, AND
- You have, over the last 6 months, taken certain extra controller medicines as well as a preventer inhaler (for example, you are taking Montelukast, salmeterol or formoterol, or you are on a combination inhaler like Seretide, Fostair, Symbicort, Flutiform, Fobumix, DuoResp Spiromax, Combisal, Sereflo, Sirdupla, Aloflute, AirFluSal, Relvar Ellipta, Fusacomb or Stalpex), AND
- You are taking continuous or frequent oral steroids (more than 4 prescriptions over 6 months)

We would also advise that:

- If you are taking any biologic therapy, also called a mAb (Xolair/omalizumab, Nucala/mepolizumab, Cinqaero/reslizumab, Fasenra/benralizumab)
- If you have been admitted to hospital in the past year; or if you have ever been admitted to ITU for your asthma

Then you should regard yourself as being at high risk.

ANNEX D

COVID-19 Guidance to Students with Vulnerable or Pregnant Individuals in their household / family - please note from 1 August, the government will pause shielding unless the transmission of COVID-19 in the community starts to rise significantly.

Many of you will be aware that PHE has issued advice about additional precautions for those felt to be at high risk from COVID-19 and this has been supplemented by more detailed advice for “shielding” of those felt to be “extremely vulnerable”.

How easy is it to protect the vulnerable person at home? There is a wealth of information on the PHE web-page [Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19 - GOV.UK](#). Although it is aimed at protecting those who are extremely vulnerable, implementing as much as possible will also protect those in less vulnerable groups.

ANNEX E

BAME students and those with multiple conditions

- Overall the increase in mortality due to COVID are; Asian or Asian British 60%; Black 70%; Mixed 60%; Other non-white 30%.
- The risk of death from Covid-19 in men compared with women is doubled.

Included in the table below is a guide to the level of increased risk for a number of conditions which, whilst they may not in themselves require additional precautions, when taken together and taking age, gender and ethnicity into account might mean that you should consider additional precautions. If in any doubt you should seek advice from the Faculty of Health’s Occupational Health Provider, Occupational Health and Wellbeing, University Hospital’s Plymouth NHS Trust, Derriford Hospital Plymouth. Email: plh-tr.occhealth.foh@nhs.net. Telephone: 01752 437222.

Risk Factor		Risk Increase
BAME		60-70%
Male sex		100%
Age 50-54		100%
Age 55-59		200%
Age 60-64		400%
BMI 30-39		50%
BMI >40		150%
Asthma	Mild (no requirement for oral corticosteroids in past year)	10%
	Severe (requiring oral corticosteroids in past year)	40%
Well controlled diabetes		50%
Chronic heart disease		40%
Chronic respiratory disease (excluding asthma)		90%
Chronic kidney disease*		80%
Non-haematological cancer diagnosed ≥5 years ago		0%
Haematological malignancy diagnosed ≥5 years ago		90%
Liver disease		60%