Technical Note

Vulnerable Persons (COVID-19)

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Acknowledgments

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1 Background

Since issue of version 4 (November 2020) of the OGUK technical note regarding vulnerable persons, government advice has yet again changed, in parts of the UK at least. In England, the second ‘lockdown’ period ended on 2 December, and ‘clinically extremely vulnerable’ persons (who had been advised to stay away from their workplace if unable to work from home) will once again generally be able to go to work in all restriction ‘tiers’. Advice in Scotland continues to depend on the local level of restrictions.

It is now clear that the state of Covid infection will vary both in time and place, within the UK and elsewhere. There are thus times when virus transmission is ‘increased’ and times when it is ‘decreased’. Some principles of safeguarding vulnerable persons remain constant in both situations, but specific details of actions required will vary depending on which state of virus transmission is being experienced.

1.1 Who is a vulnerable person?

The definition of a vulnerable person (both high risk – ‘clinically extremely vulnerable’ [about 4% of the UK population], and moderate risk – ‘clinically vulnerable’ [about 40% of the UK population]) can be found at the NHS website here (1).

In addition, some people will have similar degrees of vulnerability as these groups, not because they have a medical condition, but due to a combination of physiological factors such as age, gender, and ethnicity (see ‘how vulnerable are they?’ below).

1.2 How vulnerable are they?

A vulnerable person is no more or less likely to acquire Covid infection than a non-vulnerable person (because probability of becoming infected depends on factors related to exposure to infection) but they are vulnerable in the sense that if they do become infected, they are more likely than others to become severely unwell, require admission to hospital, or indeed die from the infection.

The degree of a person’s vulnerability is variable – not all vulnerable people are vulnerable to the same extent. There has now been sufficient medical experience of Covid infections for it to be possible to give an individual assessment of a person’s vulnerability (this is based on a study looking at over 17 million medical records in the UK), and a guide to individual degree of vulnerability, and a tool to calculate this, can be found here (2).

It is important to note that the assessment of a person’s vulnerability status, and/or their degree of vulnerability, may change over time as better understanding of clinical risk factors develops.

1.3 Can a vulnerable person go to work?

As of 2 December 2020, UK government/Public Health England advice is that vulnerable persons may continue to go to work, where they cannot work from home, in all ‘tier’ levels (3). It is expected that employers will take steps to reduce the exposure to infection at work and explain these to workers.
Scottish government advice is presently (4) that ‘most people in the low, moderate or high COVID-Age categories can attend work, if required to do so, provided appropriate controls are in place and unless high viral prevalence indicates otherwise’. However, at ‘level 4’ it is possible that some vulnerable persons may be issued a ‘fit note’ effectively excusing them from work (5).

On offshore installations, the general capacity to treat significant Covid illness is extremely limited, and logistic aspects of transportation may mean that a significantly unwell vulnerable person may not be able to access onshore medical care as soon as clinically desirable. In implementing national advice regarding work and vulnerable persons on offshore installations, employers and operators face the difficult challenge of fairly and reasonably balancing two fundamental obligations, i.e. to safeguard the health of workers on one hand, and to avoid unfair discrimination on the other.

It is important to understand that, regardless of government advice, some vulnerable persons may continue to experience significant anxiety about leaving their home for work purposes to the extent that they may not wish to do so despite apparently ‘acceptable’ risk.

2 General Principles

1. Operators and employers remain responsible for setting their own policies regarding the deployment of vulnerable persons to offshore installations, bearing in mind the non-discrimination provisions of employment law and the similar duty to safeguard the health of employees at work. Operators/employers may wish to seek appropriate advice on compliance with legislation when setting policies on vulnerable persons.

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.

3. The ‘Covid-age’ assessment tool (2) remains a useful means* of advising individual workers and with their consent, their employer/operator, of their personal degree of vulnerability.

4. Where examining doctors/occupational physicians are asked to comment on Covid-19 vulnerability, they may use the ‘Covid-age’ assessment tool as a means of assessing vulnerability.

5. Employer and worker should be in agreement on the decision to deploy offshore in relation to degree of vulnerability: 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 vulnerability, unless they provide definitions** of these meanings.

7. Where a worker’s Covid age is greater than 70, or where their specific condition confers a ‘high’ (orange) or ‘very high’ (red) rating under the Covid-age tool, doctors asked to comment on vulnerability should advise that the operator is notified of this (this will typically be done via the vulnerable person’s employer requesting comment on vulnerability; discussion with operator medical advisor is not expected or required) – it is anticipated that employers/operators will wish to consider reviewing their Covid-19 risk assessment and applying additional control measures to such workers.

* and is used in one UK nation’s recommended occupational risk assessment tool (4)
** for example, couched in absolute or relative risk terms, or in added years or in Covid-age itself.

3 Situation at time of issue

Although the situation remains variable from place to place, the UK as a whole is presently (early December 2020) in a period of ‘increased, but decreasing’ virus transmission.

The effective re-introduction of shielding in England from 5 November ceased on 2 December.

4 Advice

It is therefore now advised that:

- Operators should ensure that they are made aware of vulnerable persons on, or intending to travel to, their installations, to the extent required by their own policy on vulnerable persons (see point 1).

- Employers should ensure that they retain awareness of vulnerable employees, particularly those ‘extremely clinically vulnerable’ (to cater for the situation that they may in future be again advised to resume ‘shielding’), to the extent required by their own policy on vulnerable persons (see point 1).

- Operators and employers apply the foregoing national advice and general industry principles to their policies regarding the deployment of vulnerable persons.
5 References


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