

# Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

November 2020

## Summary

This factsheet provides a summary of the updated guidance, issued on 4<sup>th</sup> November 2020, for those considered clinically extremely vulnerable (the same group that were asked to shield during the first lockdown). The guidance can be found at <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> and will be in force until at least 2<sup>nd</sup> December, when it will be reviewed. It considers the implications of this updated guidance on issues relating to care and support.

## Is shielding beginning again?

The guidance for clinically extremely vulnerable people closely mirrors some parts of the previous shielding guidance. It is not the same in every respect, for example family members of those shielding are now advised to continue to go to work and school.

## Who should follow this guidance?

Those who are clinically extremely vulnerable are advised to follow the suggestions made in this guidance. There are two ways you may be clinically extremely vulnerable:

1. You have one or more of the conditions below, or
2. Your hospital clinician or GP has added you to the shielding patients list because, based on their clinical judgment, they deem you to be at higher risk of serious illness if you catch the virus

Some may have previously received a letter from the NHS or GP telling them to shield. We understand that email contact has been made with thousands of people on the shielding list on the evening of 4<sup>th</sup> November telling them to shield again.

Adults with the following conditions are automatically deemed clinically extremely vulnerable:

- solid organ transplant recipients
- those with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment

- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- those with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- those with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- those on immunosuppression therapies sufficient to significantly increase risk of infection
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

The **addition of adults with Downs Syndrome to the list of people automatically deemed clinically extremely vulnerable** is new. We know that this may cause concern or pose difficulties in relation to the provision of some care and support. The guidance suggests that care can continue.

In October, researchers developed a 'living risk prediction algorithm' to determine risk of hospital admission and mortality from COVID-19 in adults. Adults with Down's Syndrome were at greater risk of serious illness if contracting COVID-19. More information on the use of this algorithm, and subsequent published research in the British Medical Journal, can be found at <http://downs-syndrome.org.uk/wp-content/uploads/2020/11/QA.pdf>.

### What does the guidance advise clinically extremely vulnerable people to do or not do from 5<sup>th</sup> November?

- **Socialising:** The national regulations governing restrictions applying from 5<sup>th</sup> November still apply. In addition, clinically extremely vulnerable people are being advised to stay at home as much as possible, except to exercise outdoors or attend health appointments. It is still possible to meet up with one other person from outside the same household (as permitted in the national regulations). It is advised that this is done 'as safely as possible'.
- **Work:** Clinically extremely vulnerable people are strongly advised to work from home if possible. If it is not possible to work from home, it is advised that the person should not attend work for the period of these restrictions.

The guidance suggests that Statutory Sick Pay, Employment Support Allowance or Universal Credit may be payable. It may also be possible to be put on furlough (the Coronavirus Job Retention Scheme).

- **Children:** A lot of children who were originally identified as clinically extremely vulnerable may not be considered as that now. The guidance states that this is because more evidence has emerged that shows there is a low risk of children becoming very unwell from COVID-19.

- **Travel:** People who are clinically extremely vulnerable are advised to avoid all non-essential travel by private or public transport. This includes not travelling to work, school or the shops.
- **Shopping and attending pharmacies:** People who are clinically extremely vulnerable are advised not to go to the shops or pharmacies. NHS Volunteer Responders are able to assist with some of these tasks (<https://nhsvolunteerresponders.org.uk/>)
- **Accessing care and support**

The guidance states that **any carers or visitors who support a clinically extremely vulnerable person with everyday needs can continue to visit.** There is no specification that this is a paid carer, so it is our view that family members or friends could also continue to visit for the purposes of support.

### Where can I get further help with everyday activities?

Visit <https://www.gov.uk/coronavirus-shielding-support> to find out more about priority supermarket deliveries, local support and updating your details.

### What does this mean for care planning?

A person who is clinically extremely vulnerable and already in receipt of care and support should continue to have their eligible needs met, with no breaks in care. The local authority funding the package of care and support is also under a general duty to promote the wellbeing of the person in receipt of care and support (sometimes this duty is passed onto the care provider though the ultimate responsibility would remain with the local authority), so a person's wellbeing needs to be considered at all times.

Wellbeing relates to issues such as:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society

Whilst the full implications and application of this guidance remains to be seen, it is our view that a person who is clinically extremely vulnerable should be at the heart of making decisions around whether and how to follow the advice contained in this guidance. If the person is assessed as lacking capacity in relation to making specific decisions detailed in the regulations (such as attending work, or going to the shops), this process should be followed in that person's best interests and in consultation with their family.

## How does this affect visiting a family member in a care home or supported living?

Government have made clear that we can expect new care home guidance relating to visiting after the Regulations come into force on 5<sup>th</sup> November.

A press release issued on 4<sup>th</sup> November states that:

*All care home residents in England should be allowed to receive visits from their family and friends in a COVID-secure way – with social distancing and PPE – following new guidance to be used while national restrictions are in place from Thursday 5 November.*

Government will begin trialling additional testing for family members visiting care homes in Liverpool at the end of November. This may be rolled out nationally if successful. Until the new guidance is issued, existing guidance remains in force (<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>) for care homes. **This states that individualised risk assessments should be carried out by the care provider and that family and friends can still visit care homes.** You should seek advice as soon as possible if you are unsure about the implications of these rules on your situation, or if any changes are being suggested which will alter the provision of care and support.

The guidance on supported living settings can be found at <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living>

The rules around supported living are more complex and involve balancing the fact the person living in the accommodation has housing rights by virtue of holding the tenancy, with the fact that some settings are considered a staff workplace for carers. The guidance for supported living currently states that local authorities, CCGs and care providers should:

*Identify people who are clinically extremely vulnerable and work with them, their families or advocates to explain issues related to guidance and make a joint decision on how they will be supported and on their accommodation and support needs. For example, when shielding advice is operational, a person who uses services may want to remain in their current home if they can be supported to 'shield' or they may wish/need to move to different accommodation that will enable them to 'shield' effectively.*

It is important to note that the emphasis here is on following the wishes of the person who is clinically extremely vulnerable and what their feelings are about following the shielding guidance. You should seek advice if any changes are proposed to the provision of care and support in supported living.

## Are there any other considerations?

When navigating the regulations which come into force on 5<sup>th</sup> November, local authorities, CCGs and care providers should have regard to an individual's rights under the Human Rights Act 1998 and Equality Act 2010.

The Human Rights Act gives a right not to be tortured **or treated in an inhuman or degrading way (Article 3)**. It also gives a person the right to respect for private and family life, home and correspondence (Article 8). These rights should be respected when decisions are being taken around issues such as visits from family members, for example.

The Equality Act 2010 creates a legal duty for local authorities, CCGs and care providers

to make reasonable adjustments to any element of the care and support process which place a disabled person at a substantial disadvantage compared to non-disabled people.

You should always seek specific advice on your individual circumstances if you have any queries relating to the contents of this factsheet.