

Clinician Risk Stratification Document (adult patients only)

This is intended for use by clinicians and is not intended for use by patients

In the event of a significant rise in the rates of COVID -19 (locally or nationally) all patients who were originally shielding will remain classified as clinically extremely vulnerable, with priority for support services and early access to COVID- 19 vaccination. In practical terms, up to date data indicates that risk is considerably more stratified – as summarised in the table below. This table may be used to guide patients.

Patient Characteristics	Level				
	> Or = 70 years	60 – 69 years	50 – 59 years	40 – 49 years	<40 years
Kidney transplant, dialysis, or CKD stage 5 not on RRT (high risk– see below for definition)	1	1	2	2	3
Kidney transplant, dialysis, or CKD stage 5 not on RRT (low risk – see below for definition)	1	2	3	3	4
Transplant in first 3 months regardless of risk	1	1	1	1	1
Transplant in first 3 months after significant episode rejection	1	1	1	1	1
All patients who are within 3-12 months post transplantation	1	1	2	2	2
Currently active on the transplant waiting list	1	1	1	1	1
Patients with active autoimmune disease undergoing induction treatment e.g. with high dose steroids (> or=20 mg prednisolone) & cyclophosphamide or rituximab or other biologic* or within 3 months of completing a course	1	1	1	2	2
Patients with autoimmune kidney disease on maintenance treatment ** or in remission and on < = 10mg prednisolone (high risk – see below for definition)	1	2	3	3	4
Patients with autoimmune kidney disease on maintenance treatment ** or in remission and on < = 10mg prednisolone (low risk – see below for definition)	1	2	4	4	4

Notes:

Risk:

High risk equates to two or more of the following additional risk factors; and

Low risk equates to one or none of the following additional risk factors

- Male gender
- Diabetes type 1 or 2
- Hypertension /significant CVS disease
- BAME ethnicity
- BMI > 35

* Biologic/monoclonal includes – Rituximab; all antiTNF drugs - etanercept, adalimumab, infliximab, golimumab, certolizumab and biosimilar variants of all of these; Tocilizumab; Abatacept; Belimumab; Anakinra; Seukinumab; Ixekizumab; Ustekinumab

**Immunosuppressive medications include: Azathioprine, Leflunomide, methotrexate, MMF, ciclosporin, tacrolimus and sirolimus

Rationale

1. This risk stratification is based on expert opinion, information from large renal data bases (The Renal Registry and NHSBT) together with large generic data sets (Open Safely, PHE). It is largely aligned to the stratification suggested in the ALAMA risk stratification system and represents a more pragmatic version of this system.
2. Drawn up by an expert multi-disciplinary panel drawn from BRS, BAPN, BTS and RA with input from KCUK and NKF.
3. New data is constantly emerging so this document will be reviewed regularly- please refer to the RA website for the most up to date version
4. Risk of serious outcome due to COVID 19 is a spectrum so clinicians should always use clinical judgement (for instance in a younger patient with very significant risk) in giving advice
5. All data collected so far may have been skewed by the effects of shielding. An awareness of this in interpreting data and continued accurate data collection beyond the pausing of shielding are key to ensuring patients continue to receive the best available advice.

Useful links

6. <https://www.hse.gov.uk/simple-health-safety/risk/index.htm>
7. <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/5-steps-to-working-safely>
8. <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>
9. <https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/>
10. <https://www.kidney.org.uk/>

Return to work advice according to risk level (broadly based on the ALAMA classifications)

Level	Advice about return to work
1	<ul style="list-style-type: none"> • Ideally work from home. • If attending work, this should be COVID secure * with the risk not significantly greater than the risk within their own home. • Avoid situations where social distancing cannot be maintained. Maintain good personal hygiene and avoid touching contaminated objects and surfaces.
2	<ul style="list-style-type: none"> • Can attend work if the risk of doing so is no greater than the risk of shopping in the local supermarket, or social distancing in the streets, parks and countryside. • Keep the risk in the workplace as low as reasonably practicable by redeployment or controls including PPE. • Working with patients, care work, and working closely with others (such as teaching, sharing a vehicle, using public transport) may be possible provided controls (e.g. screens, PPE) are effective in managing the risk. • Some individuals in essential roles may be asked to accept a higher risk and agree to do so where this can be justified.
3	<ul style="list-style-type: none"> • OK to attend work if the risk of doing so is no greater than the risk of shopping in the local supermarket, or social distancing in the streets, parks and countryside. • Keep the risk in the workplace as low as reasonably practicable by redeployment or controls including PPE. • Clinical work, care work and working closely with others (such as teaching, sharing a vehicle, using public transport) may be possible provided controls (e.g. screens, PPE) are effective in managing the risk. • Some individuals in essential roles may be asked to accept a higher risk and agree to do so where this can be justified.
4	<ul style="list-style-type: none"> • A moderately increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further. • Includes clinical work with higher hazard and risk levels, or roles where physical control or restraint is required, or where additional risk has to be accepted and can be justified.

*<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/5-steps-to-working-safely>