

YNHHS/YM guidelines for approaching front line clinical practitioners with elevated risk of contracting COVID19

Situation: Guidance is required to manage the safety of front-line clinical practitioners at elevated risk of morbidity and mortality if infected with SARS-CoV2, the virus that causes COVID-19

Background: COVID-19 poses a disproportionate risk of morbidity and mortality to individuals 70 years old and over, and those with select pre-existing conditions.

Assessment:

1. The risk of mortality posed by COVID-19 is sharply increased for those who contract the virus SARS-CoV2 in their 8th decade of life or are otherwise immunocompromised.
2. We have an obligation to our front-line clinical practitioners to mitigate undue risk.
3. There are opportunities for clinicians to meaningfully contribute to COVID19 crisis management that do not require being physically present with patients.
4. The data on elevated risk posed by COVID19 to specific populations are clear.

Recommendations for inpatient and ambulatory providers:

1. Leadership must identify practitioners 70 years old and over and speak directly to them. Leadership may also request that front-line practitioners self-identify as high risk based upon immunocompromised state or conditions with disproportionate risk for COVID.
2. Honest & direct communication with front-line practitioners is critical.
3. Practitioners aged 70 and over should be barred from direct (physically present) patient care in a **mandatory** fashion.
4. Practitioners with serious medical illness or immunocompromised status (abbreviated definition below) should be excluded from direct (physically present) patient care in conversation with leadership, and Occupational Health as required.
5. Those who are or may be pregnant should discuss risks with their obstetrician and leadership with regards to being in the physical presence of patients.
6. Those excluded from the physical presence of patients should be redeployed to provide patient care through telemedicine or other activities where their expertise can materially benefit the care of patients and management of the COVID19 crisis.
7. These guidelines will not adequately cover all situations and leaders have latitude to make shared decisions with their clinicians based upon unique situations that may arise.