

## COVID-19: Recommendations for people with diabetes working in the health care setting

The categorisation scheme is relevant to all members of staff working in those zones, irrespective of their work or role. Kitchen staff, orderlies, maintenance and engineering staff, environmental services and any other staff visiting any zone even on an intermittent and short-lived basis will be considered as working in that zone.

The NZSSD acknowledges there is currently a paucity of high quality evidence on which to base these recommendations. From international experience to date, there does not appear to be an increased risk of contracting COVID-19 in people with diabetes, but there is sufficient evidence to suggest that people with diabetes are more at risk of adverse outcomes if they do contract it. We feel this justifies our position that those with diabetes should avoid known or highly probable COVID cases (of which the numbers are very small).

The NZSSD also consider that people with diabetes outside healthcare settings can reasonably follow the same guidance as for all New Zealanders, given the low risk of community transmission at the current time, acknowledging Government recommendations during Alert Level 3 that people are to work from home where it is possible to do so. It is harder to know what to do about the category 1 work zones, where people with diabetes will be exposed to patients awaiting COVID-19 results for example or participating in initial screening. From a pragmatic perspective, those with higher HbA1c and complications are probably at higher risk of an adverse outcome, so it is recommended for these individuals to avoid these situations where they can. While an individual assessment would be ideal for all patients with diabetes, it is difficult to know who should perform these assessments from a practical perspective and what further criteria should be used to stratify risk. An individual assessment for all people with diabetes comes with practical challenges given there are over 250,000 individuals in this group.

It should also be noted that these are recommendations only, and that individuals should be able to negotiate their own duties within healthcare settings according to their personal views of risk, alongside other competing factors such as potential loss of income from being excluded from working in particular settings, and the impact on their family/whānau situation of any decisions that are made in regards to their employment. The NZSSD recognises that these employment recommendations will impact Maori staff disproportionately due to the disparate underlying rates of type 2 diabetes in the Maori workforce. We encourage occupational health services and employers to consider pro-actively the impact of this on the decisions they make, and ensure that the mana motuhake of Maori staff is considered at all levels of

decision making.

Overall, it is anticipated that following these guidelines will have minimal impact on the workforce in healthcare settings given the average number of inpatients with confirmed or probable COVID-19 has been consistently less than 20 at any given time across the country, and could reasonably be expected to continue to decrease in the foreseeable future given current trends. It is also anticipated this will provide reassurance to those working outside healthcare settings that we consider they are able to participate in work within the restrictions of a given alert level.

Workplaces have a responsibility to ensure everything possible is done to keep their workforce safe as per WORKSAFE guidance [www.worksafe.govt.nz](http://www.worksafe.govt.nz)

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<b>Diabetes History</b>	<b>Health care setting</b>	<b>Health care Setting</b>	<b>Health care setting</b>	<b>Health care Setting</b>	<b>Community Setting</b>	<b>Healthcare or Community Setting</b>
	Direct interaction with known positive or highly probable COVID-19 patients	Category 1 Work zones Higher risk of COVID-19 Exposure	Category 2 work zones Low probability of COVID-19 exposure	Category 3 work zone Non clinical Areas	Essential workers based outside of healthcare environments	Working from home or in self isolation
<b>Type 1 Diabetes</b> – HbA1c < 64 mmol/mol <b>and</b> No known complications of Diabetes <b>and</b> No recent history of recurrent infections	Not recommended	Possible  (Will need consideration given to ability to self monitor glucose and administer insulin safely)	Yes	Yes	Yes	Yes
<b>Type 1 Diabetes</b> – HbA1c ≥ 64 mmol/mol <b>or</b> Known complications of Diabetes <b>or</b> Recent history of recurrent infections	Not recommended	Not recommended	Yes	Yes	Yes	Yes

**COVID-19: Recommendations for people with diabetes working in the health care setting**

<b>Type 2 Diabetes –</b> HbA1c < 64 mmol/mol <b>and</b> No Known complications of diabetes <b>and</b> No recent history of recurrent infections	Not recommended	Possible  (May need consideration given to ability to self monitor glucose and administer insulin safely)	Yes	Yes	Yes	Yes
<b>Type 2 Diabetes –</b> HbA1c ≥ 64 mmol/mol <b>or</b> known complications of Diabetes <b>or</b> Recent history of recurrent infections	Not recommended	Not recommended	Yes	Yes	Yes	Yes

**Healthcare setting Work Zones – examples:**

**Category 1** – Anywhere at higher risk of COVID-19 exposure (excluding already known or highly probable cases): All inpatient wards, Emergency Departments and assessment units (or parts thereof) that have patients undergoing initial COVID-19 screening assessments or patients in isolation awaiting screening results. Primary consultations with known or possible COVID-19 patients. Community Based Assessment Centres (CBACS).

**Category 2** – Clinical areas with a lower probability of COVID-19 exposure: General wards and outpatient departments that are designated COVID-19 free areas, areas of wards or units where a COVID-19 screening assessment has been done and the patients have been deemed low risk and not requiring testing. Primary care consultations where there is deemed to be low COVID-19 risk.

**Category 3** – Non clinical areas including kitchens, stores, offices, cleaners of non-clinical areas