Interim HSE advice in relation to return to school and the ‘extremely medically vulnerable’

1 Overview
Current events surrounding the COVID-19 pandemic are challenging and all public health bodies are placing the safety of patients, staff and communities first in all decisions.

This is an evolving situation. This advice is based on current information. It is additional to the advice of the NPHET, the HSE, the Department of Health and the Department of Education and Skills, and will be updated as necessary.

2 NPHET, HSE, Department of Health and Department of Education & Skills advice:
This guidance is subject to the overarching advice of the National Public Health Emergency Team (NPHET), the HSE, the Department of Health and the Department of Education and Skills. Information is available at:

- HSE HPSC - https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/
- HSE Coronavirus (COVID-19) - www.hse.ie/coronavirus

3 Information on COVID-19 and children
In the months since the COVID-19 pandemic started, we have learned that1:

- Children seem generally less likely to catch infection.
- Children seem more likely than adults to have no symptoms or to have mild disease. Symptoms in children include new onset cough, deterioration of existing respiratory condition, fever and changes in sense of smell.
- Children have rarely been the person who brought COVID-19 into a household when household spread has happened.
- Children are not more likely than adults to spread infection to other people.

1 https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/
• There are some recent reports that the virus that causes COVID-19 may trigger a rare inflammatory disease called PIMS in some children. PIMS stands for Paediatric Inflammatory Multisystem Syndrome

4 Pupils with underlying conditions

Given current knowledge about COVID-19 disease in children, it is now difficult to justify cocooning in most children with underlying conditions. Long-term cocooning of children with complex medical needs is likely to adversely affect them and may outweigh the potential risk of infection.

For children with profound immunodeficiency/immunosuppression (e.g. due to ongoing or recent cancer treatment), their individual risk should be assessed by their treating team and consideration given to the possible necessity of avoiding school.2

For the vast majority of children with cystic fibrosis, the National Clinical Programme for Cystic Fibrosis has recommended a full return to school in line with the guidance from the Department of Education and Skills. Children with Cystic Fibrosis should continue to follow standard public health advice in relation to social distancing, hand hygiene and respiratory etiquette.3 The exception are those with Cystic Fibrosis whose disease is unstable or severe (e.g. patients awaiting transplantation). Patients can ask their cystic fibrosis centre if their disease is stable or unstable.

For all other children, care should continue to be taken to reduce transmission through the measures promoted by HPSC (https://www2.hse.ie/conditions/coronavirus/protect-yourself-and-others.html) including hand washing and social distancing by all household members etc.

5 School workforce

It is acknowledged in Department of Education and Skills guidance that there are some school staff who may be unable to return to school.4 Anyone in an ‘extremely medically vulnerable’ category is generally advised to continue working remotely and should discuss this with their occupational health department.

2 Interim Guidance on Medically Vulnerable Children during the Coronavirus (COVID-19) pandemic (CD19-191 / 06.08.20) https://hse.drsteevenslibrary.ie/c.php?g=679077&p=4885072


HSE advice on return to school and the extremely medically vulnerable
Version: 1.1
Update date: 01/09/2020
Revision date:
Those defined in HPSC guidance as ‘extremely medically vulnerable’ category are:

1. People aged ≥ 70 years
2. Solid organ transplant recipients
3. People with specific cancers:
   - people with cancer who are undergoing active chemotherapy
   - people undergoing radical radiotherapy for lung cancer
   - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of active treatment
   - people having immunotherapy or other continuing antibody treatments for cancer
   - people having other targeted cancer treatments which 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
4. People with severe respiratory conditions including cystic fibrosis, severe asthma, pulmonary fibrosis/ lung fibrosis/ interstitial lung disease and severe COPD.
5. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
6. People on immunosuppression therapies sufficient to significantly increase risk of infection. [See further advice at https://hse.drsteevenslibrary.ie/Covid19V2/pharmacy/medicinesmanagement].
7. Women who are pregnant with significant heart disease, congenital or acquired.

In addition to those classified above as ‘extremely medically vulnerable’, some patients will be advised to cocoon prior to certain treatments/surgical procedures (typically for two weeks) or following a treatment/procedure. Patients will generally be advised to work remotely during such a cocooning period, depending on their work environment.

Patients should be advised by their healthcare team at the end of treatment or post-operatively as to how long they should continue to follow cocooning recommendations/be excluded from the workplace, according to the predicted duration of ongoing immunosuppression.

Note those who have a past history of cancer do not need to be excluded from the workforce, unless due to another significant comorbidity.  

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5 Note that this has been amended by NCCP from the definition in HPSC cocooning advice, refining the group to those undergoing any form of active treatment
7 https://www2.hse.ie/conditions/coronavirus/cocooning.html
As we learn more about COVID-19 disease, those groups classified as ‘extremely medically vulnerable’ will be further revised.

6 Family members with underlying conditions

Children with immediate family members, including parents, in the ‘extremely medically vulnerable’ category can return to school and it is important for the child’s overall well-being. This is consistent with public health advice internationally in relation to at-risk family members.8

The priority is that the household continues to follow all current advice on how to minimise the risk of coronavirus, through regular hand washing, etc. (See the HSE website) More detailed advice on specific measures within a household are included in HPSC guidance (see p.9).

In terms of reassurance, from what we know to date on children and coronavirus, children have rarely been the person who brought COVID-19 into a household when household spread has happened and children are not more likely than adults to spread infection to other people.

Schools are putting measures in place to reduce the risk of coronavirus being transmitted to/within the school, such as hand hygiene regimes and cleaning measures within the school, reduced mixing between children and less objects going in and out of school.

It is important for high-risk parents/family members to ensure that they continue to socially distance from other adults, e.g. at school pick-up times, to minimise their likelihood of possible exposure.

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