
FAQ #1 – HEALTH

1. Who is at risk?

Anyone aged 65 and over, or presenting the following conditions:

- ✓ Heart disease
- ✓ Hypertension
- ✓ Chronic respiratory disorder
- ✓ Cancer
- ✓ Diabetes
- ✓ Weakened immune system as a result of a health issue or treatment (ex: chemotherapy)

2. People taking immunosuppressing drugs are at risk. Which drugs are these?

- Steroids: prednisone (Deltasone), methylprednisolone, hydrocortisone (Hydrocort, Cortate)
- Immunomodulators: azathioprine (Imuran), 6-mercaptopurine (Purinethol), methotrexate
- Anti-TNF biological products: infliximab (Remicade®, Inflectra®, Renflexis™), adalimumab (Humira®), golimumab (Simponi) Les produits biologiques anti-IL-12/23: ustekinumab (Stelara)
- Biological leukocyte migration products: vedolizumab (Entyvio)
- The small JAK inhibitor molecules: tofacitinib (Xeljanz®)
- Inhibitors: Neoral, Sandimum, Prograf, Imurel, Cell-Cept, Rapamune
- Thymoglobulins, Lymphoglobulins, Simulect, Murine, OKT3, Zénapax

3. Who is considered to be immunosuppressed?

A. A person presenting:

1. Congenital immune deficiency
2. Malignant hematological disorders
3. Non-hematologic solid malignant tumors
4. Aplastic anemia
5. An anatomical or functional asplenia

FAQ #1 – HEALTH

- B. A person who has received:
 - 1. **In the last three months or less** having received radiation therapy, chemotherapy or checkpoint inhibitor therapy
 - 2. A solid organ, CAR-T cell and hematopoietic stem cell transplants that are being treated with active immunosuppression drugs or that are suffering from graft rejection;
- C. A Person who has received potent immunosuppressive therapy in the last three months with any of the following drug categories:
 - High dose corticosteroids
 - Alkylating agents
 - Antimetabolites in high doses
 - Graft-related immunosuppressive drugs
 - Tumor necrosis factor blockers
 - Other biological agents that are immunosuppressive or immunomodulatory
- D. Infants whose mothers received monoclonal antibodies during pregnancy.

4. I am taking cortisone (corticotherapy). Am I immunocompromised and therefore a person at risk?

- 1. Corticosteroid therapy is not immunosuppressive if any of the following conditions apply:
 - Short-term oral corticotherapy (less than 2 weeks)
 - Daily corticotherapy or taken every two days in low or moderate doses (less than 2 mg/kg/day of prednisone or a maximum of 20mg/day)
 - Corticotherapy at physiological doses for a person showing no underlying immunodeficiency, as replacement or maintenance therapy.
 - Topical corticotherapy (nasal, bronchial, ocular or cutaneous)
 - Intra-articular injections or around tendons
 - If more than 1 month has passed since taking high dosage steroids (more than 20 mg/day of prednisone or the equivalent during more than 2 weeks). After a short term treatment (less than 2 weeks) of more than 20mg/day or for two days of prednisone or equivalent.
- 2. Persons infected with HIV showing no severe immunosuppression.
- 3. Persons with a cancer history who have undergone their last chemotherapy treatment more than 3 months prior and are in remission. Persons who have received immunotherapy with agents such as control point inhibitors should wait more than three months.

FAQ #1 – HEALTH

4. Receivers of hematopoietic stem-cell transplantations, or CAR-T cell receivers than have undergone the treatment more than 2 years prior, that are not taking immunosuppressive drugs, that show no signs of undergoing malignancy or rejection of transplant.
 5. Persons affected by an auto-immune disease (for example disseminated lupus erythematosus, inflammatory intestinal disease, or rheumatoid polyarthritis) that are not being treated with immunosuppressive or immunomodulating drugs, even though data is lacking in this field.
 6. Persons receiving methotrexate (MTX) at less than or equal to 0,4mg/kg/week, azathioprine at less than or equal to 3mg/kg/day, or 6-mercaptopurine at less than or equal to 1,5mg/kg/day (Rubin et Al. 2014)
5. If I am considered at risk and contracting COVID-19 could be dangerous for me, can I exercise my right to refuse dangerous work?

Your employer has a legal obligation under the *Human Rights Act* to take measures that are suitable to your health condition. This requirement existed before the start of the COVID-19 pandemic and remains in place throughout the pandemic.

With regard to your situation under the Occupational Health and Safety Act, the New Brunswick Department of Health has developed guidelines to limit the risk of contracting COVID-19 in social and professional environments. All New Brunswick employers must adopt these guidelines. If you have any concerns about COVID-19 due to your medical condition, you should discuss it with your employer. Depending on the circumstances of your workplace, your employer may be able to offer additional protective measures, to you specifically. **However, whether or not supplementary measures are offered, as long as your employer takes reasonable precautions to ensure your health and safety, you are required to report to work if necessary.**

If you must use a respirator and your pre-existing condition prevents you, your employer cannot force you to use it. Restrictions on the use of a respirator will be determined based on your employer's respiratory protection code of practice. Your employer therefore has a legal obligation to find you different jobs that are reasonably safe given your condition.

FAQ #1 – HEALTH

6. What to do if my spouse, child or family member living under my roof is considered at risk?

Although it is not legally required to protect the vulnerable person you live with, your employer still has the obligation to follow guidelines to limit your risk of contracting COVID-19 in the workplace. Depending on your specific circumstances, your employer may be willing and able to offer you increased protection. You should always be careful in ensuring that you follow the guidelines to reduce risks and that you use all the personal protective equipment you need for your job.

As long as your employer takes reasonable precautions to ensure your health and safety and prevent you from coming into contact with the virus, you are required to report to work if necessary.

7. If I tell my employer that I have to isolate myself voluntarily, what should I expect?

- A. Your employer will ask you about the risk factors causing this requirement and ask if this voluntary isolation has been notified to you by a competent authority.
- B. If this is a personal decision not supported by a recommendation from a competent authority, but the risk factors appear serious, your employer will ask you to confirm the situation through a competent authority. If the situation of voluntary isolation is not recognized by this competent authority, you will have to report to work.
- C. If you refuse to comply, you will expose yourself to administrative or disciplinary measures.

8. If I am at risk and nevertheless wish to work

A case-by-case assessment must be made. You can be retained if you are in good health. You will have to apply the prevention measures adapted to your situation.

Your employer may also ask for a medical certificate regarding your ability to work in this context.

FAQ #1 – HEALTH

9. Can an employer take the temperature of employees when they show up for work?

If the employer plans to implement such a measure, a solid scientific protocol must be ensured. In addition, it must be communicated how this measure works, what the consequences will be and when they will be implemented. This ensures that workers understand the process and, ideally, that they adhere to it.

10. Can I take leave from work in order to accompany a relative who has contracted the virus?

Under NB employment standards, there are 2 types of leave:

Family-related leave allows employees to fulfill their obligations regarding the health, care or education of a person with whom they have close family ties. Employers, on request, allow leave without pay for up to three days per year.

Compassionate care leave allows employees leave without pay for up to twenty-eight (28) weeks to care for someone with whom the employee has close family ties and who is critically ill with risk of dying.

Am I eligible for employment insurance benefits in this context?

If you have to be quarantined due to the contamination of a relative, you will probably be eligible for employment insurance.

11. Should I inform my employer that a member of my household is in voluntary or mandatory isolation?

If you come in contact with a person who has been tested for COVID-19, but who does not have symptoms, check with your employer if they prefer that you to go to work or stay at home. **In all cases, you must inform your employer.**

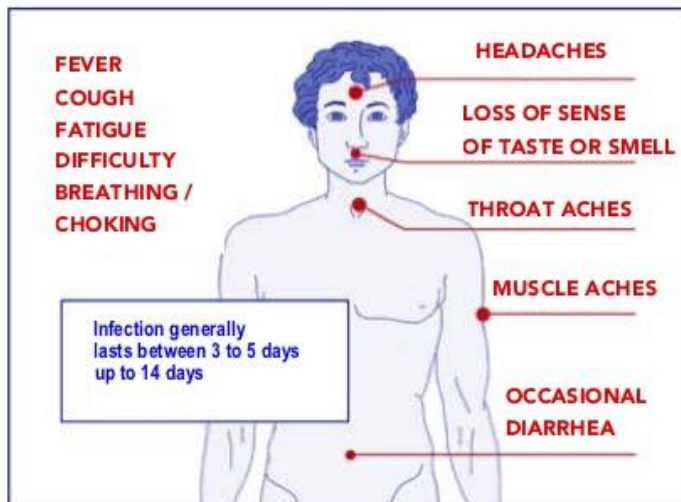
FAQ #1 – HEALTH

12. Is it advisable to have all employees tested before the start of the season?

Testing people with no symptoms would seem unnecessary.

People presenting no symptoms who take the test may then unfortunately think that they are safe. They may receive a negative result, but still end up experiencing symptoms and developing the disease within the incubation period. Furthermore, this test does not guarantee that there will be no future community contamination in the hours or even days following the test.

What are the signs ?



How does it transmit itself ?

