



COVID-19 Personal Risk Factors for Church Leadership, Volunteers and Visitors for Individual and Public-worship

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The Public Worship Group has been set up to support the Kingsword International Church London as government guidance changes through the COVID-19 pandemic. This document has been prepared with information available by the issue date. It will be kept under review and updated as the situation develops, with each update issued as a new version. The current version will always be available to download through Connect Groups in Kingsword London and on www.kingswordlondon.org

While it is not possible to identify which individuals will be impacted by COVID-19, it is important to recognise that certain groups of people are at greater risk than others.

Medical history is one indicator of increased risk, but other factors have been identified as well.

Clinical risk

The government and the NHS list two categories of people who are at increased clinical risk; People at high risk (***clinically extremely vulnerable***) and People at moderate risk (***clinically vulnerable***).

The Clinically Extremely Vulnerable Group include people who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant



The NHS advises that people who are extremely clinical vulnerable should

- only leave their homes to spend time outdoors, for example to go for a walk
- stay at least 2 metres away from other people in their homes as much as possible
- make sure that anyone who comes into their homes washes their hands with soap and water for 20 seconds
- not have visitors inside their homes, including friends and family, unless they're providing essential care

The Clinically Vulnerable Group include people who

- are 70 or older
- are pregnant
- have a lung condition that is not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

The NHS advises that people who are clinical vulnerable should:

- be able to go out to work (if they cannot work from home)
- go outside for such things as getting food or exercising.
- Try otherwise to stay at home as much as possible.
- follow the advice to stay at least 2 metres away from anyone not in their households.

Other Risk Factors

Public Health England has identified a number of risk factors for serious illness and death as a result of contracting COVID-19. Some of these are also identified in the NHS clinical risk categories above.

The main risk factors for clergy and church workers are:

- **Age:** approximately 89% of deaths have occurred in over 65s, 65% in over 75s, 36% in over 85s, 1% in under 45s. A person over 80yrs with COVID-19 is seventy times more likely to die than someone



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under 40 with the illness. Conversely, the largest number of patients in critical care are aged between 50 and 70.

- **Sex:** men make up 71% of critical care admissions and are 1.78 times as likely to die from COVID-19 as women.
- **Ethnicity:** after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity have around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity have between 10 and 50% higher risk of death when compared to White British.
- **Occupation:** those with 'public-facing' jobs are at increased risk, particularly if coming into contact with large numbers of people.
- **Presence of comorbidities:** Cardiovascular disease, dementia, diabetes, hypertensive disease, chronic obstructive pulmonary disease, chronic kidney disease, obesity.

An analysis of the ways in which these risk factors have combined to provide morbidity and mortality outcomes is not yet available.

Conclusion

Those in the **Clinically Extremely Vulnerable Group** should be advised not to consider employment or volunteering outside their homes.

Church Leadership and Volunteers in other 'at-risk' groups should discuss their situation with the "**The Leadership Team – COVID-19 Return to Public Worship Group**" with regard to the type of work or voluntary activity they are able to perform.