

COVID-19 RISK MATRIX:

Is this person safe to be at work?

UPDATED 13 AUGUST 2020

The table that follows is an adaptation of one developed by occupational health physicians from the National Framework for the assessment of staff at work.

In this adaptation the first two columns of the document are designed to allow primary care clinicians to assess their own and their colleagues' risk within the clinical setting. The subsequent columns are designed to assist clinicians when advising patients not working in clinical settings who are concerned about their safety in the work environment.

The assessment of risk needs to be considered in light of the potential for complications from a severe respiratory illness for specific disease states or medication regimes. While the level of risk to a particular individual relative to another remains constant, the absolute risk to that individual varies according to the prevalence of COVID-19 within the community.

At the present time the prevalence of COVID-19 in New Zealand is low except for those travelling from overseas; however, if the prevalence were to increase again, then recommendations would be likely to need review.

When using the spreadsheet it is important to realise that a number of people will have more than one comorbidity. It is up to our clinical judgement to assess that additional risk. In addition it may be necessary to consider others in an individual's bubble and the risk that infection with COVID-19 would present to them.

COVID-19 Risk Matrix: Is this person safe to be at work?

Health condition	Frontline clinical staff with close clinical contact with patients meeting the higher index of suspicion (HIS) criteria (e.g. doctors/nurses in general practice clinics actually treating HIS patients)	Frontline staff in a general practice but without likely contact with patients meeting the higher index of suspicion (HIS) criteria (This includes all clinicians, reception staff, cleaning staff in general practice clinics)	Member of the public working in an area with exposure to those at risk of meeting the higher index of suspicion (HIS) criteria, but able to maintain physical distancing (International airport staff and cleaners and isolation or quarantine unit staff, including cleaners)	All other members of the working public
Over the age of 70 years?	no	yes	yes	yes
Pregnant or breastfeeding?				
Pregnancy over 28 weeks	discussion needed	yes	discussion needed	yes
Pregnancy under 28 weeks with a heart or lung condition	discussion needed	yes	discussion needed	yes
Pregnancy under 28 weeks without a heart or lung condition	discussion needed	yes	discussion needed	yes
Breastfeeding	yes, with appropriate controls	yes	yes	yes
Respiratory – asthma?				
Asthma well controlled	yes	yes	yes	yes
Asthma less well controlled (frequent use of SABA/LABA but no night waking)	needs medical review	yes	needs medical review	yes
Asthma poorly controlled, e.g. long-term prednisone/ prednisolone greater than 10mg daily or recent (one year) oral prednisone for acute exacerbation	no	yes	no	yes

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Respiratory – other conditions?				
Stable chronic lung disease, e.g. Chronic Obstructive Pulmonary Disease, recurrent bronchitis	no	yes	needs medical review	yes
Unstable chronic lung condition	no	yes	no	yes
Recurrent pneumonia or bronchiectasis	no	yes	needs medical review	yes
Diabetes?				
TYPE 1 DIABETES: Diagnosis for less than 10 years, and with previous good control and good current control. HbA1C blood test is below 65, and no unacceptable highs and/or lows, and no complications of diabetes.	needs careful medical review – must fulfil all criteria	yes	yes	yes
TYPE 1 DIABETES: Diagnosis for more than 10 years, and/or previous or current poor control, and/or HbA1C blood test above 64, and/or unacceptable highs and/or lows, and/or any complications of diabetes.	no	yes	needs medical review	yes
TYPE 2 DIABETES: Well controlled, HbA1C blood test is below 65, and/or no complications of diabetes.	usually yes	yes	yes	yes
TYPE 2 DIABETES: Poorly controlled, HbA1C blood test above 64 and/or any complications of diabetes.	no	yes	needs medical review	yes

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Heart or cardiovascular condition?				
Under 65 years, without multiple previous heart procedures and with well-controlled ischaemic heart disease = normal daily function without chest pain or shortness of breath or needing GTN	yes	yes	yes	yes
65 years or over and well-controlled ischaemic heart disease = normal daily function without chest pain or shortness of breath or needing GTN	no	yes	needs medical review	yes
IHD with occasional symptoms and impact on daily activities	no	yes	yes	yes
Other cardiac condition with or without chest pain/shortness of breath/limb swelling, e.g. cardiomyopathy, past valve surgery	no	yes	yes	yes
Hypertension well controlled and no IHD	yes	yes	yes	yes
Hypertension suboptimal control and no IHD	no	yes	probably yes – needs medical review	yes

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Do you have a condition or medicine that affects your immune system?				
A number of conditions can leave a patient immunocompromised, and these include HIV infection, some cancers, specific immune deficiency diseases, and patients undergoing organ transplants. Each of these patients should be assessed on an individual basis but as a guide:	no	yes	yes	yes
For those taking immunomodulating and suppressing drugs, the nature of the underlying condition should be the determining factor rather than the drug. The one notable exception to this is the use of glucocorticosteroids, particularly with long-term use of prednisone or similar drugs at a dose higher than 10mg per day	no for glucocorticosteroids	yes	for glucocorticosteroids, needs medical review	yes

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Cancer?				
Active cancer	no	no	needs medical review	yes
Recovering from cancer, on chemotherapy or radiotherapy	no	no	needs medical review	yes
Full recovery from leukaemia or lung cancer	no	yes	yes	yes
Full recovery from another cancer (not leukaemia or lung)	yes	yes	yes	yes
Musculoskeletal condition?				
Any active musculoskeletal condition, e.g. osteoarthritis, inflammatory joint disease	see medications above; needs medical review	yes	yes	yes
Skin condition?				
Any active skin condition not on an immunosuppressant medicine as listed above	yes	yes	yes	yes

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Other health condition?				
If other condition, does not affect lungs, heart, immune system, diabetes	probably yes – needs medical review	yes	yes	yes
Conditions affecting lung lining, respiratory muscles, pleura, neuromuscular conditions	probably no – needs medical review	yes	yes	yes
Other neurological conditions possibly affecting breathing	no	yes	needs medical review	yes
Stable psychological or psychiatric condition	yes	yes	yes	yes
Deteriorating psychological or psychiatric condition	no	yes	if able	yes
Morbid obesity	no	yes	needs medical review	yes
Chronic kidney or chronic liver disease	yes	yes	yes	yes