

## When to recommend work accommodations for COVID-19 risk

		<b>Low</b> None or few at-risk health conditions	<b>Moderate</b> Multiple at-risk health conditions <sup>3</sup>	<b>High</b> Age > 70 Age > 65 with multiple at-risk health conditions <sup>3</sup> Solid organ transplant Hematologic malignancy < 5yrs ago
<b>High</b> Daily exposure to large number of individuals indoors in the absence of physical distancing/physical barrier/medical grade PPE (e.g. server in bar/restaurant, hair stylist)	Low Epidemiology	<b>A</b>	<b>A</b>	<b>B</b>
	Non-low Epidemiology	<b>A</b>	<b>B</b>	<b>B</b>
<b>Moderate</b> Above with medical grade PPE (e.g. health care provider), or daily exposure to same large cohort in absence of physical distancing/physical barrier/medical grade PPE (e.g. daycare, most teachers)	Low Epidemiology	<b>A</b>	<b>A</b>	<b>A</b>
	Non-low Epidemiology	<b>A</b>	<b>A</b>	<b>B</b>
<b>Low</b> Above with physical barrier/medical grade PPE (e.g. some teachers) or limited contact to other persons (e.g. office work with physical distancing)	Low Epidemiology	<b>A</b>	<b>A</b>	<b>A</b>
	Non-low Epidemiology	<b>A</b>	<b>A</b>	<b>A</b>

**A:** no accommodation/redeployment recommended; **B:** accommodation/redeployment recommended

### References

- Adapted from: [www.nejm.org/doi/full/10.1056/NEJMp2013413](http://www.nejm.org/doi/full/10.1056/NEJMp2013413)
- Health condition hazard risks aggregated from:
  - [www.medrxiv.org/content/10.1101/2020.05.06.20092999v1.full.pdf](http://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1.full.pdf) and [www.cdc.gov/mmwr/volumes/69/wr/mm6925e1.htm](http://www.cdc.gov/mmwr/volumes/69/wr/mm6925e1.htm)
- Consider developing a risk stratification tool similar to:
  - [www.medrxiv.org/content/10.1101/2020.05.05.20091967v3.full.pdf](http://www.medrxiv.org/content/10.1101/2020.05.05.20091967v3.full.pdf)
  - [jamanetwork.com/journals/jamanetworkopen/fullarticle/2766228](http://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766228)
  - [jamanetwork.com/journals/jamanetworkopen/fullarticle/2766227](http://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766227)
  - [www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-hcw-risk-rapid-review.pdf](http://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-hcw-risk-rapid-review.pdf)
- Dr. Fiona Smail. Literature review, 29June2020

**Note** the threshold for non-low epidemiological prevalence is arbitrary. The current cut-off for hospital policies is 20/100,000/week, but that may change and we will update this document accordingly

## Suggested objective risk stratification (ORS) tool for individuals not already identified as “vulnerable” by the NHS Digital Shielded Patient List

Risk factor	Indicator	Adjustment	Interpretation	Score
<b>Age</b>	>50	1	Low Risk	<3
	>60	2		
	>70	4		
	>80	6		
<b>Sex at Birth</b>	Female	0	Medium Risk	3-5
	Male	1		
<b>Ethnicity</b>	Caucasian	0	High Risk	≥6
	Black African descent	2		
	Indian Asian descent	1		
	Filipino descent	1		
	Other (including Mixed race)	1		
<b>Diabetes and Obesity</b>	(Type 1 or Type 2) uncomplicated*	1		
	(Type 1 or Type 2) complicated*	2		
	BMI≥35kg/m <sup>2</sup>	1		
<b>Cardiovascular disease</b>	Angina, previous MI, stroke or cardiac intervention	1		
	Heart failure	2		
<b>Pulmonary disease</b>	Asthma	1		
	Non-Asthma chronic pulmonary disease	2		
	Either above requiring oral corticosteroids in previous year	1		
<b>Malignant neoplasm</b>	Active malignancy	3		
	Malignancy in remission	1		
<b>Rheumatological conditions</b>	Active treated conditions	2		
<b>Immunosuppressant therapy</b>	Any indication	2		

**Table From** Jankowski J, Davies A, English P, Friedman E, McKeown H, Rao M, Sethi S, Strain WD. Risk Stratification tool for Healthcare workers during the CoViD-19 Pandemic; using published data on demographics, co-morbid disease and clinical domain in order to assign biological risk. medRxiv 2020.05.05.20091967