

***This resource is advisory and if used Government Regulations both, Australian and NSW, must be factored into your Assessment Process.***

## **COVID-19 AGE RELATED RISK ASSESSMENT**

### **Introduction**

Previously the Network has made you aware of the issues individual U3As should contemplate in providing your members with a safe environment in which to meet or assemble. The advice of [28 April 2020 for Committees](#) contained the following:

#### U3As Duty of Care/ Basic Rule of Negligence

The basic rule in negligence imposes a duty of care on individuals and other legal entities such as associations. Entities such as U3As have a duty of care to their members to ensure their reasonable safety. In the case of the coronavirus, it had become obvious in February that it posed a particular threat of infection and possible death for U3A's cohort of members. That threat continues and will continue for the foreseeable future. Management Committees must ensure that they follow government guidelines and that tutors/teachers strictly adhere to those guidelines.

Please go to the [Network's website](#) further Guides.

NSW Health are *continually updating advice* imposing some and relaxing other restrictions as their monitoring of COVID-19 outbreaks and clusters arise. A keen watch on the various pronouncements is advised. Maybe resulting from the fluidity of the outbreaks and change in regulations some confusion will/ may result from what may appear to be an inconsistency of approach to similar situations. Visit [NSW Health's website](#) for the latest information.

NSW Health requires **COVID-19 Safety Plans** for venues and other places of assembly. For 'traditional' group U3A activities all U3A Committees must address the current regulations that are available from the NSW Department of Health Home page. This information addresses gatherings of the style that U3A conducts. If using another party's premises for U3A activities the U3A Committee must ensure that the owner of the premises holds and is satisfying the requirements of an appropriate **COVID-19 Action Plan** (records of inspection of premises and of documentation sighted should be held by the U3A Committee). Attendance sheets must be maintained to allow contact tracking should the need arise.

**Covid-19 Safety Plans** are not restricted to the operator of the venue but in addition the hirer/ user of the venue, in this case a U3A. It is suggested consideration be given by U3A Committees that a **U3A COVID-19 Safety Plan** be venue specific, detailing the activity and type of activity and recognise the profile of the members likely to attend.

It is noted that NSW Health appears to have brought back into focus the advice for seniors link: <https://www.nsw.gov.au/covid-19/how-to-protect-yourself-and-others/advice-for-seniors>. The advice now contains a recommendation to wear a face mask.

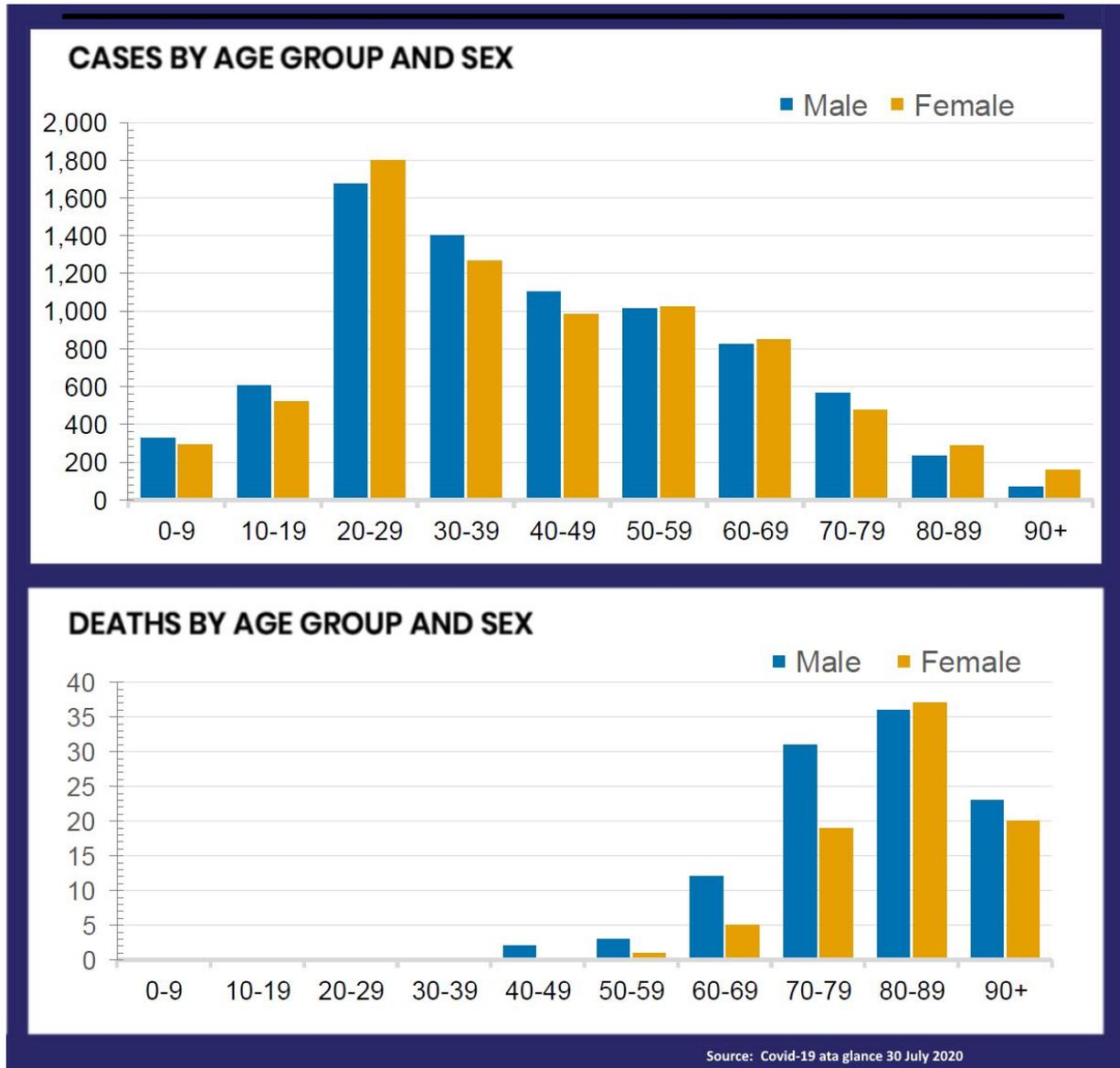
At the end of July 2020, in spite of some previous optimism the COVID-19 virus situation has become more complex leading many of our Member U3A associations to truncate or even cease

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their plans to offer face-to-face sessions during Term 3 and, some are thinking, for the rest of 2020.

### U3A Demographics

The virus continues to impact our demographic as over 60s are much more vulnerable to its destructive impact on our bodies.” This is illustrated in the following graph.



The Australian Government, Department of Health publishes daily bulletins that summarise the COVID-19 statistics for our Nation. The above (30 July) highlights the fatal impact on the over-60s demographic.

The [Commonwealth Department of Health Publications](#) page has valuable information on the impact of the virus, how to go about various activities and practical advice such as [Coronavirus \(COVID-19\) – How to make a cloth mask.](#)

Benefit may be obtained in considering your approach in conducting courses or other activities by reference to the following the **Risk Stratification Matrix**, see overpage.

**Risk Stratification Matrix**

The matrix below is similar to what is used widely in Australia to assess OHS Risk. This matrix will help a U3A association or an individual assess the scale of **AGE RELATED risk** associated with participation in typical U3A activities. **Physical risks** must be considered as well if activities such as exercise, visits and walking groups etc. are planned. Most if not all **U3A members** will fall into columns **High** or **Intermediate**.

HEALTH-RELATED RISK TIERS	AGE-RELATED RISK TIERS		
	High (> = 70)	Intermediate (50 – 69)	Low (< 50)
<b>High</b> (significant burden of organ system disease)	<b>A</b>	<b>B</b>	<b>C</b>
<b>Intermediate</b> (generally healthy)	<b>D</b>	<b>E</b>	<b>F</b>
<b>Low</b> (healthy; no chronic medical conditions; no activity restrictions)	<b>G</b>	<b>H</b>	<b>I</b>
<b>NORMAL ACTIVITIES</b>			

**GUIDANCE**

<b>High Risk</b>	<b>Cell A</b>	Requires the strictest interdiction policies sheltering in place to prevent viral exposure due to very high risk of adverse outcomes. <i>Would not return to normal U3A activities until the "all clear" is sounded.</i>
<b>Intermediate Risk</b>	<b>Cells B and D</b>	Represents the next level of requirement, warranting strict social distancing, mask use, and active monitoring. <i>Would not return to normal U3A activities until the "all clear" is sounded.</i>
<b>Intermediate to Low Risk</b>	<b>Cells C, E and G</b>	Risk can be managed with social distancing and personal protection practices encouraged or mandated, plus monitoring. <i>May return to near normal U3A activities</i>
<b>Low Risk</b>	<b>Cells F, H and I</b>	Health and age allow a return with discretionary use of social distancing and personal protection. <i>May return to near normal U3A activities</i>
<b>Normal U3A Activities:</b>	<b>"All Clear"</b> : No COVID-19 restrictions in place from the Government.	

**Arrows** represent opportunities to migrate from higher to lower risk tiers with health promotion / lifestyle medicine interventions.

The **"all clear"** is achieved with herd immunity and near-zero viral transmission, whether due to native infection or vaccination.

Adapted from: [The Right Response to COVID-19](#)

## **Advice for people at risk of coronavirus (COVID-19)**

Source: Australian Government - Department of Health COVID 19 [Accessed 30 July 2020]

Some people are at greater risk of more serious illness with COVID-19. As we move towards living in a COVIDSafe Australia, people still need to take extra steps to protect those most at risk.

- Who might be at higher risk of severe illness
- Who might be at increased risk of moderate illness
- Other things that might affect your risk
- Advice for specific communities and groups

Some people are at greater risk of getting very sick if they contract COVID-19. However, everyone is different. It is important to talk to your doctor if you have a more serious illness or more than one condition.

First Nations people can be at higher risk in any public health emergency.

### **Who might be at higher risk of severe illness**

You might be more likely to suffer severe illness due to COVID-19 if you:

- are 70 years of age or over
- have had an organ transplant and are on immunosuppressive therapy
- have had a bone marrow transplant in the last 24 months
- are on immune suppressive therapy for graft versus host disease
- have blood cancer eg leukaemia, lymphoma or myelodysplastic syndrome (diagnosed within the last 5 years)
- are having chemotherapy or radiotherapy

### **Who might be at increased risk of moderate illness**

You might be more likely to suffer moderate illness due to COVID-19 if you have:

- chronic renal (kidney) failure
- heart disease (coronary heart disease or failure)
- chronic lung disease (excludes mild or moderate asthma)
- a non-haematological cancer (diagnosed in the last 12 months)
- diabetes
- severe obesity with a BMI  $\geq 40$  kg/m<sup>2</sup>
- chronic liver disease
- some neurological conditions (stroke, dementia, other) (speak to your doctor about your risk)
- some chronic inflammatory conditions and treatments (speak to your doctor about your risk)
- other primary or acquired immunodeficiency (speak to your doctor about your risk)
- poorly controlled blood pressure (may increase risk –speak to your doctor)

### **Other things that might affect your risk**

Other factors might also increase your risk of moderate or severe illness if you contract COVID-19, including:

- age - risk increases as you get older, even for those under 70
- being male
- poverty
- smoking