# AHPPC Permissions and Restrictions for Workers in Food and Grocery Supply– Interim Guidance

This guidance provides a process to support safe decision making when determining whether to place work permissions/restrictions on a worker after a COVID‑19 exposure in the context of an outbreak and community transmission of COVID-19. This guidance applies to critical food and grocery production, manufacturing, logistics and distribution facilities. It **does not apply** to retail sites open to the public.

The interim guidance considers the current context of the pandemic, including the significant vaccination coverage in Australia, the commencement of booster vaccination, the emergence of Omicron, and likely future progression. In view of the increased transmissibility of the Omicron variant, the expected higher number of incident cases in the community, and the majority with mild to moderate illness, the revisions allow for greater flexibility in balancing the need to reduce transmission against a detrimental loss of workforce.

As a critical industry, food and grocery suppliers should ensure that eligible staff have received a booster vaccination when eligible and maintain QR code check-ins to allow for rapid identification of any high-risk transmission events.

Employers should apply a broad [hierarchy of control framework](https://www.health.gov.au/resources/publications/minimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls) to minimise and manage the risk of transmission of COVID-19. A system-based risk managed approach that applies appropriate mitigations reduces the risk of exposure. However, it is acknowledged that risk cannot be eliminated and that exposures will occur.

Employers are responsible for assessing and applying this guidance when an outbreak exposure occurs in a setting. Employers are also responsible for considering the impact on the workforce as part of the outcomes of assessment in both circumstances and are responsible for being familiar with, and operationalising of, this guidance as part of their COVID management plan. Employers should be prepared to make assessments on their own, in line with COVID Management Plans, in instances where Public Health Unit (PHU) advice is not available.

Decisions regarding work permissions and restrictions for the worker should be accurately documented and decisions regularly reviewed by the provider in the context of the evolving local epidemiological and public health situation. If large number of workers are affected by community transmission (as a case or contact) or an outbreak escalates, it may be necessary to review the recommended restrictions to facilitate continuation of essential services.

Employers are responsible for notifying and communicating with their local PHU in accordance with local regulations. Where available, PHUs will consider applying a process of monitoring and evaluation locally, in line with jurisdictional requirements.

## Work permissions and restrictions for workers who are case contacts

Detailed follow up of individual cases and identification contacts will not be possible with increasing levels of population exposure, high caseloads, and potential impacts on essential service delivery. Moving forward the focus will be on household or household-like contacts as the key group to quarantine.

Steps for employer:

1. Determine worker exposure and type of [contact](https://www.health.gov.au/resources/publications/covid-19-test-isolate-national-protocols)
2. Assess the impacts of work restrictions on safe, ongoing, service delivery
3. Once exposure and impact determined, refer to [Table 1](https://auc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en%2DGB&rs=en%2DAU&wopisrc=https%3A%2F%2Fhealthgov.sharepoint.com%2Fsites%2FCNMO%2F_vti_bin%2Fwopi.ashx%2Ffiles%2F68f9c3ffea204549854b4cf164800f97&wdenableroaming=1&mscc=1&hid=7B9B13A0-A0C0-0000-E413-3217778EAC6E&wdorigin=ItemsView&wdhostclicktime=1641340921068&jsapi=1&jsapiver=v1&newsession=1&corrid=38aac460-4fba-c95b-95f5-75a4c2e3a625&usid=38aac460-4fba-c95b-95f5-75a4c2e3a625&sftc=1&mtf=1&sfp=1&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush&preseededsessionkey=5a7ce890-f299-80b2-6211-c3a356481537&preseededwacsessionid=38aac460-4fba-c95b-95f5-75a4c2e3a625&rct=Medium&ctp=LeastProtected#_Table_1:_Workers)
4. Document all decisions and actions
5. Regular review of decisions and workplace situation occurs, considering evolving local epidemiological and public health situation. This may result in escalation to facilitate continuation of essential services or de-escalation if service demand decreases to manageable levels.

## COVID-19 case contact

### COVID-19 Low-risk exposure /contact

If a worker has been exposed to a COVID-19 to a case through social contact in the community, educational or workplace setting, low risk work permission and restrictions can be applied as per [Table 1](#_Table_1:_Recommended).

### COVID-19 High-risk exposure / contact

If a worker has been exposed to a COVID-19 case in a household or household like setting, high risk work permission and restrictions may be applied as per [Table 1](#_Table_1:_Recommended).

### COVID-19 high risk exposure in a workplace setting in the context of a declared outbreak

Where a worker has been exposed to COVID-19 case in a workplace setting where the risk of exposure is defined as high in accordance with applicable state regulations, which may include for example:

* have had at least 15 minutes face to face contact where a mask was not worn by exposed person or the person with COVID,
* greater than 2 hours within a small room with a case during their infectious period, where masks have been removed for this period.

## Management of high-risk contacts in the context of high impact on food and grocery supply

High levels of community transmission or an outbreak of COVID-19 may result in significant pressures on food and grocery supply including workforce shortages due to furloughing requirements and elevated demand.

Permissions and restrictions for asymptomatic, high-risk contacts should only be applied as a contingency strategy. Work permissions in these circumstances must be approved by an appropriate delegate. Workers will need to fulfil all other quarantine requirements in their jurisdiction when not at work.

Appropriate delegates will need to determine escalation and de-escalation of management of contacts as impacts increase or decrease to services.

### Alternative mitigations to consider when adjusting restrictions to support the continued food and grocery supply

* More regular screening requirements (e.g., daily Rapid Antigen Test (RAT) at commencement of a shift)
* Additional PPE requirements –in line with local requirements and may involve requirements to wear surgical masks or in very specific circumstances P2/N95 respirators where physical distancing is not able to be maintained.
* Diligence with routine cleaning of shared equipment. E.g. phones and computers and maintaining physical distance where possible.
* No shared break areas, car-pooling, and avoidance of public transport.
* Adjusting rosters to minimise risk of transmission.

Circumstances must include the following:

* Employer understanding of the minimum number of staff required to provide stable supply of food and grocery products
* Current understanding of local community transmission levels
* Contingency capacity strategies to mitigate staffing shortages have been activated and applied to mitigate staff shortages. E.g., shifting of staff to support, delaying leave, addressing social factors that may prevent staff attending work (transport, accommodation, childcare)
* Actions taken to recruit and identify additional staffing
* Capacity is under significant strain and alternative options for support have been exhausted
* Asymptomatic, exposed, staff members are considered able to work.
* The health and wellbeing of staff members is of critical importance. The ability to return to work is an exemption and optional for workers.

Where these adjustments are insufficient, and further action is needed to support the continued delivery of essential health services, additional work permissions may be considered.

In these circumstances, work permissions and restrictions for high-risk contacts when there is high impact on service delivery should be time limited and regularly reviewed as the situation evolves. Where demand on service decreases to manageable levels, work permissions should be shifted back to ‘low impact on services’.

Table : Recommended work permissions and restrictions management as determined by exposure risk and impact on safe service delivery

|  | **Low-risk contacts** | **High-risk contacts**  |
| --- | --- | --- |
| ***If symptomatic, symptoms develop, or positive test:*** RAT self-test\*, isolate for 7 days since last contact with COVID-19 case. Follow public health orders of jurisdiction. If you have symptoms at Day 6, you must stay at home until symptoms are gone. If you test positive D6, quarantine for a further 7 days.  |
| **Normal food security and supply settings** | Continue to work, remain vigilant for symptoms, test and isolate immediately if these occur.**Surveillance testing:*** Surveillance testing can be a useful tool in the context of a specific industry. Industry can manage their WHS risk through RAT use if deemed appropriate.

**Additional:*** surgical masks and in other circumstances^ other PPE may be required.
* Break areas separated, well ventilated and Team Members (TM) eat distanced by 1.5m
* wear a mask while travelling to work
 | Immediately quarantine for 7 days since last contact with COVID-19 case.* RAT self-test Day 1 and Day 6
* Return to work (RTW) after 7 days of home isolation when Day 6 test is negative and no symptoms.
* Continue to monitor for symptoms for a total 14 days from exposure
* Apply additional requirements on RTW as below.
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| **High impact on food security and supply settings****\**Critical risk to service delivery Requires senior management determination*** **Essential services/supply are disrupted**  | **Additional requirements – entire site:*** Work in surgical mask and in other circumstances^ other PPE may be required.
* Break areas separated# (consider cohorting of staff), well ventilated and physical distancing observed
* Limit work to a single site and area (where the workplace has distinct areas)
 | **Asymptomatic:** * Continue to work if negative day 1 RAT\*
* RAT every second day until Day 6
* Monitor for symptoms, test, and isolate immediately if symptoms develop.
* Must quarantine outside of work until cleared or negative test day 6-7,
* If possible, travel alone to work. If not possible, wear a mask while car-pooling or using public transport.
* Continue to monitor for symptoms for a total 14 days from exposure.

**If negative:*** RAT self-test Day 1 and every second day until Day 6
* Continue to monitor for symptoms for a total 14 days from exposure

**If positive RAT:*** Follow protocol in red box.

**If become symptomatic:** * Immediately quarantine and take RAT test. Follow protocol in red box.
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^ Where fitted PPE is warranted, available and training has occurred.

\* If required testing unavailable, staff must not attend the workplace.

#The provider must provide an adequate place for workers to observe their breaks.