

Permissions and Restrictions for Workers in Health Care Settings – Interim Guidance

This interim guidance provides health care settings a process to support safe decision making when determining whether to place work permissions/restrictions on a worker after contact with a COVID-19 case in the context of an outbreak and community transmission of COVID-19. 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, health care settings should ensure that eligible staff have received a booster vaccination and maintain QR code check-ins to allow for rapid identification of any high-risk transmission events.

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

Health care settings are responsible for managing the impact on their workforce. They should notify and communicate outcomes with their local Public Health Unit (PHU) and seek advice if necessary.

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 health service:

1. Determine worker exposure and type of contact
2. Assess the impacts of work restrictions on safe, ongoing, service delivery
3. Once exposure and impact determined, refer to [Table 1](#)
4. Health service to document all delegates, 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 care or de-escalation if service demand decreases to manageable levels.

COVID-19 case contact

COVID-19 Low-risk contacts - social contact in the community or equivalent in the workplace

- Exposure of a worker to a COVID-19 case through social contact in the community or equivalent in the workplace. This group will not be required to quarantine, however low risk work permission and restrictions apply as per [Table 1](#).
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COVID-19 High-risk contacts - household or household like contacts

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

COVID-19 High-risk contact: High risk exposure in a workplace setting in the context of an outbreak

- Where a worker has been exposed to COVID-19 case in a workplace setting where the risk of exposure is defined as high:
 - staff who were not wearing airborne precautions PPE (N95/P2 masks, eye protection, gowns, and gloves) where aerosol generating behaviours or procedures have been involved
 - have had at least 15 minutes face to face contact where both appropriate mask and eyewear were not worn by exposed person and the case was without a mask, or
 - greater than 2 hours within the same room with a case during their infectious period, where appropriate masks have been removed for this period.

Management of high-risk contacts in the context of high impact on health service delivery

High levels of community transmission or an outbreak of COVID-19 may result in significant pressures on health service capacity including workforce shortages due to furloughing requirements.

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.

Alternative mitigations to consider when adjusting restrictions to support the continued delivery of health care services

- More regular screening requirements (e.g., more frequent RAT at commencement of a shift, ongoing monitoring for symptoms)
- Additional PPE requirements – this should be based on the advice of the Infection Prevention and Control (IPC) expert (or PHU if IPC advice not available), in line with local requirements and may involve requirements to wear P2/N95 for the first 7 days following exposure.

- Minimising risk of exposure to vulnerable people. E.g. adjusting rosters or zoning floors to prevent restricted staff from entering areas with highly vulnerable residents, dedicated staff entry and exit points.
- No shared break areas, car-pooling, and avoidance of public transport.
- Adjusting staff rosters to minimise risk to residents and/or exposure of other staff. E.g., exposed workers tending to COVID-19 cases.

Circumstances must include the following:

- Health service understanding of their minimum number of staff required to provide a safe work environment and safe care under normal circumstances.
- 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. all non-essential procedures and visits/appointments cancelled, shifting of staff to support, delaying leave, addressing social factors that may prevent staff attending work (transport, accommodation, childcare)
- Communication has occurred with local, state, and national health partners to identify additional staffing
- Health service capacity is under significant strain and alternative options for surge support have been exhausted
- Asymptomatic, exposed, staff members are considered able to work. The health and wellbeing of staff members is of critical importance.

Where these adjustments are insufficient, and further action is needed to support the continued delivery of essential health services, additional work permissions for **workers** 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 1: Recommended work permissions and restrictions as determined by exposure risk and impact on safe service delivery

Note: Jurisdictions may implement additional requirements above these recommendations.

- Positive Rapid Antigen Test (RAT) should be considered confirmed COVID-19 case regardless of symptoms.
- COVID-19 positive cases must notify their workplace.

	Management low-risk contacts	Management high-risk contacts
<p>If symptomatic / symptoms develop: RAT self-test*, quarantine for 7 days from last contact with COVID-19 case. RAT self-test Day 6. If Day 6 result is negative and no symptoms, return to work (RTW) Day 7. 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.</p> <p>Positive COVID-19 test result – case management: Isolate 7 days, RAT self-test D6. If negative and asymptomatic RTW with Additional requirements. Remain vigilant for symptoms.</p>		
<p>Low Impact on services</p>	<p>Continue to work</p> <p>RAT self-test every working day for 5 days following notification</p> <p>Remain vigilant for symptoms, RAT self-test if symptoms occur</p> <p>Additional:</p> <ul style="list-style-type: none"> - Work in P2/N95 - Wear a surgical mask when leaving home - No shared break areas# 	<p>Quarantine for 7 days since last contact with COVID-19 case.</p> <p>RAT self-test Day 1 and Day 6</p> <p>RTW Day 7 if Day 6 result negative and asymptomatic.</p> <p>Remain vigilant for symptoms, RAT self-test if symptoms occur</p> <p>Additional:</p> <ul style="list-style-type: none"> - Work in P2/N95, - Wear a surgical mask when leaving home - No shared break areas# - Avoid work with vulnerable persons
<p>High impact on services</p>	<p>Same as above.</p>	<p>If asymptomatic, continue to work with Day 1 negative RAT self-test</p> <p>RAT test every working day, until day 6-7 result clear (prior to commencement of workday)</p> <p>Remain vigilant for symptoms, RAT self-test if symptoms occur</p> <p>Additional requirements:</p> <ul style="list-style-type: none"> - Work in P2/N95 respirator for the first 7 days following exposure - No shared break areas - Consideration of limiting work to a single site/area - Avoid work with vulnerable persons - Wear a surgical mask when leaving home - Continue to quarantine in community until negative RAT self-test day 6 and no symptoms.

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

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