

## Permissions and Restrictions for Workers in Aged Care – Interim Guidance

This interim guidance provides a process to support safe decision making when determining whether to place permissions/restrictions on a worker after a COVID-19 exposure in the context of an outbreak (and outbreak management plan has been put into action) and community transmission of COVID-19. This interim guidance applies to all aged care providers, including residential and in home care delivered through home care packages or the Commonwealth Home Support Program.

The interim guidance considers the current context of the pandemic, including the significant vaccination coverage in Australia, the commencement of booster vaccination, and the emergence of the Omicron variant. In view of the increased transmissibility of the Omicron variant, the expected higher number of 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, aged care services 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.

Approved providers of aged care, including residential aged care facilities (RACFs) and providers of home and commonwealth home support program, should apply a broad hierarchy of control framework 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 in aged care settings. However, it is acknowledged that risk cannot be eliminated and that exposures will occur.

Local Public Health Units (PHU), are responsible for considering when permissions and restrictions are recommended when exposure occurs in the community, including consultation with the approved provider. Aged care providers are responsible for this assessment when an outbreak occurs in a setting. Aged care providers 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 and, where relevant for RACFs, to operationalise these guidelines as part of their outbreak management plan. Aged care providers should be prepared to make assessments on their own, in line with Outbreak Management Plans, in instances where PHU advice is not available.

Decisions regarding 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 ensure continuation of essential care.

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

## Permissions and restrictions for workers who are case contacts

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

Steps for service/PHU:

1. Determine worker exposure and type of contact (if exposed in the community this may already have been done by the PHU)
2. Assess the impacts of work restrictions on safe, ongoing, service delivery
3. Once exposure and impact determined, refer to [Table 1](#)
4. 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.

Different restrictions apply to COVID-19 positive and symptomatic close contact staff. These requirements are set out in [Table 2](#) and are consistent with the COVID-19 Test and Isolate National Protocols.

## COVID-19 case contact

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

If a worker has been exposed to a COVID-19 case through social contact in the community, educational or workplace setting, low risk permission and restrictions can be applied as per Table 1.

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

If a worker has been exposed to a COVID-19 case in a household or household like setting, or outbreak related contact, high risk permission and restrictions may be applied as per Table 1.

### COVID-19 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 mask and eyewear were not worn by exposed person and the case was without a mask,
- greater than 2 hours within the same 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 aged care service delivery

High levels of community transmission or an outbreak of COVID-19 may result in significant pressures on aged care 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. Permissions in these circumstances must be approved by an appropriate delegate.

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

- More regular screening requirements (e.g. daily RAT at commencement of a shift)
- Additional PPE requirements – this should be based on the advice of IPC (Infection Prevention and Control) expertise (or PHU if IPC unavailable), 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.
- 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 staff rosters to minimise risk to residents and/or exposure of other staff. e.g. exposed workers tending to COVID-19 cases.
- PCR test if symptomatic or if RAT positive.

Circumstances must include the following:

- Aged care 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. cancellation of all non-essential procedures and visits/appointments, redeployment of other staff to support, delaying leave, addressing social factors that may prevent staff attending work (transport, accommodation, childcare)
- Communication has occurred with health partners at local, state, and national levels to identify additional staffing
- Broader health service capacity is under significant strain and alternative options for transfer of care to acute settings are not available
- Asymptomatic, exposed, staff members and 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 aged care services, additional permissions for workers may be considered.

In these circumstances, 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, permissions should be shifted back to 'low impact on services'.

**Table 1: Recommended permissions and restrictions as determined by exposure risk and impact on safe service delivery for close contact aged care workers**

**Note: Jurisdictions may implement additional requirements above these recommendations for close contact aged care staff**

	Management low-risk exposure	Management high-risk exposure
Low Impact on services	<p>Continue to work, remain vigilant for symptoms, test and isolate immediately if these occur.</p> <p>Surveillance testing</p> <ul style="list-style-type: none"> <li>- RAT* every working day for 7 days post exposure (prior to commencement of workday)</li> </ul> <p>Additional:</p> <ul style="list-style-type: none"> <li>- Work in P2/N95, or surgical mask based on IPC advice, for the first 7 days following exposure.</li> <li>- No shared break areas#</li> </ul>	<p>Immediately quarantine for 7 days.</p> <ul style="list-style-type: none"> <li>- Day 1-2 and 6 RAT test</li> <li>- Return to work (RTW) when day 6 test result returns negative and asymptomatic.</li> <li>- Monitor for symptoms, test, and isolate immediately if symptoms develop.</li> <li>- Apply additional requirements on RTW as below.</li> </ul>
<p>High impact on services</p> <p>*Critical risk to service delivery</p> <p>Requires PHU and senior management risk assessment</p>	<p>Same as above.</p>	<p><b>Asymptomatic:</b></p> <ul style="list-style-type: none"> <li>- Continue to work with negative day 1 RAT</li> <li>- RAT test every working day, until day 6-7 result clear (prior to commencement of workday)</li> <li>- Monitor for symptoms, test, and isolate immediately if symptoms develop.</li> </ul> <p><b>Additional requirements:</b></p> <ul style="list-style-type: none"> <li>- Work in P2/N95 respirator for the first 7 days following exposure</li> <li>- No shared break areas</li> <li>- Limit work to a single site/area</li> <li>- Continue to quarantine in community until cleared or negative test day 6-7 and no symptoms, travel to work via own transport or individual ride share following a negative RAT.</li> </ul>

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

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

**Table 2: COVID-19 Test and Isolate Protocols for Aged Care Workers – identification of COVID-19 positive and symptomatic close contact aged care workers**

<p><b>COVID-19 Positive</b> <b>Confirmed by RAT or PCR Test</b></p>	<ul style="list-style-type: none"> <li>- Stay at home for at least 7 days from the day you had your test.</li> <li>- If you have no symptoms at <b>Day 7</b> (or after), you can return to work after completing 7 days of home isolation.</li> <li>- On your return to work, additional requirements as set out in Table 1 apply.</li> <li>- If you have symptoms at <b>Day 6</b>, you must stay at home until your symptoms are gone.</li> <li>- <b>You do not need a further test.</b></li> </ul>
<p><b>Close contact</b> <b>With symptoms</b></p>	<ul style="list-style-type: none"> <li>- Stay at home for 7 days from last contact with a COVID-19 positive case.</li> <li>- Take a RAT self-test or PCR test and stay home while waiting for the result. <ul style="list-style-type: none"> <li>• If positive for COVID-19, follow the requirements for COVID-19 Positive as set out above.</li> </ul> </li> <li>- Take a RAT self-test on <b>Day 6</b>. <ul style="list-style-type: none"> <li>• If positive for COVID-19 follow the requirements for COVID-19 positive as set out above.</li> </ul> </li> <li>- If the Day 6 test is negative, you can return to work after completing 7 days of home isolation and if you have no symptoms.</li> <li>- On your return to work, additional requirements as set out in Table 1 apply.</li> </ul>