1. PURPOSE

This document outlines the procedure to be followed by authorised senior managers of Queensland Health and Queensland Ambulance Service (QAS) when determining work permissions and restrictions for employees who are either exposed to or have tested positive to COVID-19. It replaces the version issued on 3 February 2022.

Specifically, this procedure supports the implementation of the Public Health Direction Isolation for Diagnosed Cases of COVID-19 and Management of Close Contacts Direction (No. 7) | Queensland Health or its successor (the Public Health Direction) available at Chief Health Officer public health directions. This procedure has been updated to reflect the significant changes in the Direction to quarantine requirements for Close Contacts of Diagnosed Persons which apply from 28 April 2022. Compliance with these principles is required.

Note that Public Health Direction specifies the mandatory and minimum requirements that apply to individuals who have received a positive COVID-19 diagnosis and their close contacts.

This document provides specific direction in relation to:

a. The management of employees exposed to COVID-19, i.e., close contacts, in accordance with Part 4 of the Public Health Direction or its successor which refers to exceptions for entry to vulnerable or high-risk settings; and

b. The management of employees who have recovered from COVID-19 and are in the post-isolation period returning to work in accordance with Part 4 of the Public Health Direction which refers to exceptions for entry to vulnerable or high-risk settings; and

c. The procedures and exceptional circumstances of exemptions for asymptomatic COVID-19 positive employees in healthcare settings, in accordance with Part 5 of the Public Health Direction.

The procedure if followed as outlined will:

1. Ensure employees are adequately protected,
2. Maximise the available workforce, and
3. Minimise the impacts on the healthcare system and service delivery.

This document may be able to be used by other healthcare organisations in developing their own guidance.
2. APPLICATION

This guidance applies to employees and other people who undertake work in Queensland Health and exercise power or control resources for and on behalf of Queensland including but not limited to:

- Directly employed staff who are permanent, fixed term temporary and casual
- Visiting Medical Officers
- Contractors including labour hire or agency staff
- Consultants
- Students
- Volunteers

For the sake of clarity where “employees” are referred to in this document it is inclusive of all people who perform work and/or exercise power or control of resources for and on behalf of Queensland Health in the above categories.

3. BACKGROUND

As community transmission of COVID-19 continues throughout Queensland, critical service employees will increasingly become close contacts of confirmed and probable COVID-19 cases. Omicron was first identified in South Africa and was named as a variant of concern on 24 November 2021 by the World Health Organisation (WHO). Omicron is a variant of concern because of its large number of mutations which may cause it to act differently to other variants. As the impact of Omicron has become better understood, with Omicron in vaccinated individuals generally leading to less severe disease, and as the current wave of COVID-19 declines, mandatory quarantine for close contacts of COVID-19 positive citizens is no longer required.

Increasingly the public health message will be emphatic that anyone who has symptoms that might be COVID-19 should isolate and test. People who are close contacts and who develop symptoms should assume they have COVID-19 and stay home, even if a Rapid Antigen test (RAT) is negative. For leave options in these circumstances please refer to the COVID leave arrangements flow chart (https://qheps.health.qld.gov.au/hr/coronavirus/leave).

The Public Health Direction allows close contacts who have no symptoms to leave home for work, education, or other reasons, but they must avoid vulnerable or high-risk settings. Health employees, most of whom work in vulnerable settings, are permitted to return to work with the safeguards set out below.

The Public Health Direction also allows health employees who have recovered from COVID-19 and are in the 7 days post-isolation to return to work in a vulnerable setting, provided the employee is able to comply with face mask requirements and any additional infection control measures required.

The measures required by this document are designed to ensure a safe working environment for staff and a safe healthcare system and meet Queensland Health’s obligations under the Work Health and Safety Act 2011. This response must manage the potential transmission risk of close contacts, those who have recovered from COVID-19 in the week post-isolation and how, in specific extraordinary instances, asymptomatic COVID-19 positive employees are able to return to work with appropriate mitigations, when balanced against the risks of not
ensuring continued operation of health services. This document outlines the procedures to be followed to ensure a safe and balanced response.

4. PROTECTING EMPLOYEES

The support of employees and providing a safe working environment is essential to a sustainable healthcare system. The health and safety of our employees is paramount.

Infection prevention and control guidelines, including use of personal protective equipment (PPE), is a cornerstone – as is vaccination.

It is incumbent upon employers under the Workplace Health and Safety Act 2011 to provide appropriate PPE to all employees. It is also a requirement to provide Rapid Antigen Tests (RATS) where testing is associated with the employees’ employment. These requirements are reflected in this guidance.

General controls to protect employees from workplace exposures

There are several controls which can be adopted to mitigate against the introduction and spread of COVID-19 in workplaces, including:

- Remove employees from the workplace if they are COVID positive or are showing symptoms of COVID-19.
- Support all employees to self-monitor for COVID-19 symptoms and not attend work when unwell.
- Provide updated and ongoing training and information in relation to COVID-19 through effective and timely communication.
- Promote application of standard and transmission-based precautions including through training.
- Promote the practice of good hand hygiene.
- Fit test staff and provide appropriate training and education for the use of PPE.
- Provision of adequate PPE of the types for which the employee achieved proper fit.
- PPE must be consistent with settings as detailed on the Queensland Health website.
- Use of P2/N95 or other properly fitted respirators and eye protection in accordance with the PPE escalation level.

The employer must provide the appropriate PPE to all employees regardless of their role. Where the employee requests a higher level of PPE than the setting pursuant to the PPE guidelines then this request should be granted.

The employer is also required to provide RAT tests for employees as required by this guidance.

5. CLOSE CONTACTS

Employees exposed to COVID-19 – Close Contacts

In accordance with Part 2 of the Public Health Direction an asymptomatic close contact who has returned a negative test is no longer required to quarantine.

The Public Health Direction allows for employees in vulnerable or high-risk settings, including those entering in the performance of an official duty as an emergency services
responder, to return to work with safeguards in place. Close contacts are otherwise restricted from entry to vulnerable or high-risk settings for 7 full days from the time they are informed they are a close contact. The below requirements allow Queensland Health and QAS employees to return to work in line with employees in other industries.

Employees who are close contacts are expected to return to work if the following conditions are met:

- The person is unable to perform their role remotely or substantially perform their role remotely\(^1\) during the close contact period
- They have no symptoms
- They meet the vaccination requirements
- They inform their manager that they are a close contact before returning to the workplace
- They test for COVID-19, at a minimum, on the day of and prior to their first shift and every second day until day six
- Only continue to work if they test negative
- They leave work as soon as practicable (after informing their manager) if they become symptomatic.
- Comply with PPE requirements in accordance with the [Infection prevention and control guidelines for the management of COVID-19 in healthcare settings](https://queenslandhealth.qld.gov.au/page/17623) and [Pandemic response guidance: Escalation of personal protective equipment usage in healthcare delivery, community health and care services, in-home care settings, and for healthcare delivery in correctional services](https://pandemicresponse.go.qld.gov.au) version 3.1 18 March (or its successor).
- Comply with any general controls to protect health workers in the workplace outlined in Section 3 and as required by the local work area.

Note that where multiple members of the household test positive progressively over time, the close contact must continue testing every second day, at a minimum, until day 6, relative to the day the latest member of the household tested positive for COVID-19.

The Chief Health Officer has stated that people who are close contacts and who can work from home should be encouraged to do so.

1. A close contact should remain out of the workplace if their role is suitable for them to work from home
2. A close contact must remain in quarantine if they have symptoms, even if they test negative, as required by the Public Health Direction. (Leave options for this

\(^1\) Where an employee’s role is substantially able to be performed remotely and it is reasonably practicable, temporary amendments to the work undertaken by the employee should be facilitated to ensure a full role can be performed.
circumstance can be found here: https://qheps.health.qld.gov.au/hr/coronavirus/leave.

The employee must notify their employer if they are a close contact and are able to work from home, or if they are unable to attend the workplace because of symptoms or for other reasons, such as emergent caring responsibilities. Leave options can be found here: https://qheps.health.qld.gov.au/hr/coronavirus/leave.

If the employee who is a close contact has concerns about returning to the workplace they should discuss this with their line manager and attempt to agree on work arrangements suitable to the employee and employer.

Where employees who are confirmed close contacts and the employee’s role is able to be performed either substantially or entirely from home during the close contact period then the employee should perform their role remotely.

Information relating to close contact notification will be kept confidential between the employer and individual.

The return of close contacts to the workplace should be documented by the manager. The manager should ensure that the employee has a sufficient supply of RAT tests available and supply additional as needed.

6. EMPLOYEES WHO HAVE RECOVERED FROM COVID-19

Employees who have recovered from COVID-19 and are in the post-isolation period

The Public Health Direction in Part 4 allows for workers in vulnerable or high-risk settings, who have been released from isolation (become a cleared case), to return to work, with a requirement to wear a mask and to comply with any additional infection control requirements.

The person must, for 7 full days from the end of isolation (the post-isolation period), wear a face mask always covering the person's nose and mouth outside the home, including outdoors when unable to remain physically distant from persons other than household members.

People in the post-isolation period, other than workers in vulnerable or high-risk settings such as health workers, are restricted from entry to those settings for 7 full days from the time they are released from isolation.

The below requirements allow Queensland Health and QAS employees who are cleared cases to return to work during the post-isolation period, in line with workers in other industries, if the following conditions are met:

2 Where an employee’s role is substantially able to be performed remotely and it is reasonably practicable, temporary amendments to the work undertaken by the employee should be facilitated to ensure a full role can be performed.
• The person is unable to perform their role remotely or substantially perform their role remotely during the post-isolation period
• They have no symptoms
• They meet the vaccination requirements
• They inform their manager that they are a cleared case before returning to the workplace
• They wear appropriate PPE in accordance with the Infection prevention and control guidelines for the management of COVID-19 in healthcare settings | Queensland Health and Pandemic response guidance: Escalation of personal protective equipment usage in healthcare delivery, community health and care services, in-home care settings, and for healthcare delivery in correctional services version 3.1 18 March (or its successor).
• They wear a face mask at all times when outside of their home, including outdoors when unable to remain physically distant from persons other than household members, including while travelling to and from work.

7. ADDITIONAL CONTROLS

Controls to protect employees from workplace exposures where a close contact or an employee in the post-isolation period returns to the workplace

In accordance with Part 4 of the Public Health Direction, a close contact or a worker in the post-isolation period can attend work if they meet the requirements and comply with the conditions outlined in parts 4 for close contacts and 5 for workers in the post-isolation period above.

In addition, to protect other employees in the workplace, they should:

a. In addition to wearing appropriate PPE
d, wear a face mask when outside of their home, including outdoors when unable to remain physically distant from persons, including while travelling to and from work and when interacting with co-workers outside of clinical areas.

b. undertake regular hand hygiene

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3 Where an employee’s role is substantially able to be performed remotely and it is reasonably practicable, temporary amendments to the work undertaken by the employee should be facilitated to ensure a full role can be performed.

4 in accordance with the Infection prevention and control guidelines for the management of COVID-19 in healthcare settings (Queensland Health) and the Pandemic response guidance – Escalation of personal protective equipment usage in healthcare delivery, community health and care settings, in-home care setting, and for healthcare delivery in correctional services version 3.1 March 18 2022 (or its successor)
c. to the extent reasonably practicable, practise physical distancing including by remaining at least 1.5 metres from other people

d. take additional, reasonable precautions to limit contact with others at work, such as by limiting physical contact and by limiting prolonged or close contact with others.

*For example, a worker who removes their face mask to eat and drink may take their break in a fresh air location if one is available and if the weather is suitable.*

*For example, attending meetings by virtual means.*

Where requested managers should facilitate these additional controls where it is reasonably practicable to do so.

**Additional controls to protect at-risk patients where close contacts or a worker in the post-isolation period are returning to the workplace**

The manager should consider the role and location of the work being undertaken to consider whether any adjustments are required.

Within a given health setting, there may be locations where patient care is provided to more at-risk patients, such as patients who have had a transplant of any kind or patients who are immunocompromised after receiving chemotherapy.

Health service managers should make a risk assessment of health service units and location, identify the areas where such at-risk patients will ordinarily be cared for, and consider the need for redeployment of close contacts and employees in the post-isolation period to other areas or locations of patient care, depending on the type of work being undertaken by the close contact or an employee in the post-isolation period.

Prior to returning close contacts and employees in the post-isolation period to the workplace, Hospital and Health Services must have:

- Considered and balanced the risk of these staff returning to the workplace and the specific location of work or patient type with the risk of reduced service provision.
- Understood any limitations impacting on these staff returning to work and their ability to return to work.
- Provided all workers with relevant guidance around symptoms and required actions, including leaving the workplace if they develop symptoms or, in the case of close contacts, test positive and how to access priority testing and/or RATs.

In addition to the above controls, where an asymptomatic close contact or an employee in the post-isolation period returns to work in accordance with the Public Health Direction or its successor, the following controls must also be enacted to protect cohorts of at-risk patients, identified as part of the local risk assessment process. Consultation is a critical element of these risk assessments:

- Adjusting staff rosters to minimise risk to at-risk patients such as those who have had a transplant of any kind.
- Redeployment of staff who are close contacts or are in the post-isolation period to other locations in accordance with COVID-19 Industrial Relations Principles, [COVID-19 Industrial Relations Principles](https://health.qld.gov.au).
8. ASYMPTOMATIC COVID-19 POSITIVE WORKERS

Exemptions for asymptomatic COVID-19 positive workers in healthcare settings in extreme, exceptional circumstances

Following a positive COVID-19 RAT or PCR test, COVID-19 positive workers are required to isolate and cannot attend the workplace. However, under the Exemption provision in Part 5 of the Public Health Direction, in extreme, exceptional circumstances, asymptomatic COVID-19 positive workers may be requested to work in a healthcare setting. Their return to work can only occur with the consent of the worker and with an exemption approved by the Chief Health Officer, Deputy Chief Health Officer, or their delegate. (please note a delegate is a person who has been given the delegation to make the decision and approved by the Chief Health Officer or Deputy Chief Health Officer).

Exemptions for asymptomatic COVID-19 positive workers in healthcare settings should not be considered a procedure under normal circumstances.

Importantly, an asymptomatic COVID-19 positive worker may be requested to work in a healthcare setting only where they have provided their consent to do so. If they do not consent, they are not required to attend the workplace. No disciplinary action can be taken against an employee who refuses work under these circumstances, and this will be kept confidential between the employer and individual.

Advice from the Office of the Chief Health Officer is that exemptions will only be considered in extreme, exceptional circumstances and where all other measures have been exhausted, resulting in a critical staff shortage. This includes ensuring that:

- the list of mitigations included in Section 4. CLOSE CONTACTS: Employees exposed to COVID-19 in critically essential roles – CLOSE CONTACTS of this document has been adhered to; and
- any relevant close contacts have been requested to fill workforce shortages; and
- all other mitigation strategies have been exhausted; and/or
- a determination has been made that the situation could result in the loss of life, or significant clinical risk.

Only once these measures have been exhausted can an organisation submit an Exemption under Part 5 of the Public Health Direction, to request that an asymptomatic COVID-19 positive worker undertake work in a healthcare setting.

When applying for exemptions the following proforma Annex A is to be completed and submitted to Exemptions | Health and wellbeing | Queensland Government (www.qld.gov.au)

Queensland Health staff applications should be submitted by the Health Incident Controller, with the consent of the worker, or by the line manager, with the knowledge of the Health Incident Controller and the consent of the worker.
When applying for an Exemption, the organisation must first complete a local risk assessment as per the proforma in Annex A and submit this to the Office of the Chief Health Officer. This risk assessment should consider:

- Additional consultation with surrounding team, staff and union representatives where required.
- Ability to ensure that any exemption being granted would be done so in accordance with obligations under Work Health and Safety Act 2011, to continue to provide a safe workplace to all employees. Consultation with employees and unions is an essential element of this process.
- Mitigate the introduction of any new risks to patients and/or other staff.
- Appropriate and adequate tea break facilities are to be identified by hospital or organisation operators and communicated to staff. These may include outdoor areas where suitable.
- COVID-19 positive staff are required to minimise social interactions at work, noting that these staff are still in isolation and must return to their isolation location directly when not working, until their isolation period ends.
- Minimising risk of exposure to vulnerable patients or clients or staff with health concerns as per local organisation plans.
- Diligence with routine cleaning of shared equipment. E.g., phones and computers.

All Queensland Health employees remain entitled to indemnity protection from the State when undertaking their duties or functions in good faith and without gross negligence. Employees are to refer to the Indemnity for Queensland Health medical practitioners HR Policy 12 or the Queensland Government Indemnity Guideline for more information.
Annex A

Proforma for Exemption

The HHS or QAS Health Incident Controller or line manager must complete the application on behalf of a worker who will undertake a critically essential role.

Submit this proforma to the exemption portal along with worker identifying information and evidence of the worker consent (may be email, consent form or statutory declaration)

Plan for return to work for a worker who is a Diagnosed Case of COVID-19

<table>
<thead>
<tr>
<th>Date: Click or tap to enter a date.</th>
<th>Unit/Ward:</th>
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<tbody>
<tr>
<td>Line manager:</td>
<td></td>
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<tr>
<td>Worker:</td>
<td>Payroll ID:</td>
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<tr>
<td>Role:</td>
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</tbody>
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The line manager confirms the following workplace controls have been met before considering if the employee is permitted to return to work:

1. **Entry & Exit**
   Detail how entry and exit to/from the workplace for workers, other employees and visitors will be managed and monitored (e.g., if parking and building access is separate from other workers).

2. **Patient or client contact**
   Detail what patients or clients the worker will have contact with (e.g., caring for COVID-19 positive patients or working in red zones only), or how the work plan will minimise contact with vulnerable patients or clients (e.g., non-patient facing role)

3. **Physical distancing**
   Detail how the diagnosed worker(s) will minimise contact with other persons at the workplace

4. **Cleaning & sanitising**
   Describe the cleaning/sanitising arrangements which will be deployed to minimise the transmission of COVID-19 (e.g., cleaning of shared workspaces or mobile devices)

5. **COVID-19 Symptom Surveillance**
   Details of COVID-19 surveillance arrangements (e.g., symptom or temperature checking)

6. **Breaks and Supports**
   Details of where worker will take breaks, have access to a bathroom, and how food and other essential goods will be provided to the workers
7. Worker Training
Describe the training and briefing on COVID-19 specific arrangements (e.g., what to do if becomes symptomatic during a shift)

The employee confirms that all the following restrictions will be followed:

- The worker consents
- The worker must comply with all mandatory requirements of an approved Plan.
- The worker must minimise contact with the community until they leave isolation.
- A worker who has been informed of their positive COVID-19 test may continue to undertake their critically essential role if
  a. They do not have symptoms consistent with COVID-19; and
  b. meets the vaccination requirements; and
  c. wear and use appropriate personal protective equipment provided including a face mask when at the workplace and follow any specific instructions, training or infection control measures required; and
  d. travel by private transport by the most direct route to and from their place of residence which is within 2 hours safe driving distance from their workplace to undertake a critical essential role.
- If the worker develops symptoms consistent with COVID-19, they must immediately inform their line manager or follow the agreed escalation pathway and as soon as it is safe to do so, leave work and return to their residence or place of isolation or seek medical care at a hospital.
- The asymptomatic worker must not leave their normal place of residence or place of isolation other than to attend the workplace.

If the employee is unable to confirm they are able to follow all of the above restrictions, they will not be permitted to return to work prior to the end of quarantine period.

Worker signature: ___________________________ Date: ___________

Line Manager Signature: ___________________________ Date: ___________