Queensland Health

Managing healthcare workers exposed to or with COVID-19

6 January 2022 – version 2.2

Background

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. Our understanding of the potential impact of Omicron on transmissibility, severity of disease and vaccine effectiveness is still evolving. However, there is emerging evidence booster doses of vaccine are likely to increase protection against infection with the Omicron variant. Protective measures are effective against variants including Omicron. It is important to note the booster vaccination will not prevent a surge of Omicron variant cases.

Current modelling sees case numbers continuing to increase quickly, mainly attributable to Omicron. As at 6 January 2022, daily cases were doubling every 2.6 days, and if this growth rate persists, the daily number of new cases may be in the tens of thousands by mid-January. A response is required that will ensure a safe working environment for staff and a safe healthcare system.

The process below is derived from the NSW guidelines, and also reflect Centres for Disease Control and Prevention guidance and Commonwealth guidelines.

Purpose

The purpose of this paper is to:

1. outline the change in approach to the management of healthcare workers who are either exposed to or have tested positive to COVID-19 to ensure that they are adequately protected;
2. detail how management of the workforce can minimise the impacts on the healthcare system; and
3. provide guidance that could be adopted in other healthcare settings (outside of Queensland Health), for example, GPs and private hospitals.

Protecting healthcare workers

The support of healthcare workers and providing a safe working environment is essential to a sustainable healthcare system. Infection prevention and control guidelines, including use of personal protective equipment, is a cornerstone – as is vaccination.

General principles

The following principles should be applied:

- Practice good hand hygiene
- Minimise social interactions and social gatherings at work
- Practice social distancing, especially when on breaks
- Where possible, have breaks in open areas outdoors
- Practice social distancing in meetings and training environments.

Boosters

Health Employment Directive No. 12/21 – Employee COVID-19 vaccination requirements (the Directive) sets out the requirements for COVID-19 vaccination for Queensland Health employees including healthcare workers with two doses, where required, of an approved COVID-19 vaccination to have been received by 31/10/2021.

In addition, under the Directive employees are to receive any prescribed subsequent dose/s of a COVID-19 vaccination (i.e. booster), as may be approved by the Australian Technical Advisory Group on Immunisation (ATAGI), within the recommended timeframe following the second dose.

Eligible healthcare workers, particularly those performing critical services (includes frontline direct patient care and support staff) should be prioritised to receive their third dose or booster as soon as practicable.

Based on the advice of the Australian Technical Advisory Group on Immunisation (ATAGI) a person becomes eligible to receive a booster vaccination four (4) months from the date of their 2nd COVID-19 vaccination.

Management of COVID-19 in healthcare settings

Please refer also to the Infection prevention and control guidelines for the management of COVID-19 in healthcare settings.

Work restrictions for healthcare workers exposed to COVID-19, to mitigate staff shortages

Scenario 1: possible work exposure

A framework has been adopted for Queensland and this provides a process to support safe assessment and decision making when determining whether to place restrictions on a worker after a COVID-19 exposure in a health care or community setting. In summary, the framework involves three steps:

1. Undertake a risk assessment for healthcare workers (or groups of healthcare workers) in healthcare settings, after potential exposure to a suspect or known COVID-19 case (Tables 1 and 2).
2. Determine the potential impacts of work restrictions on the safe ongoing management of the health service.
3. Once exposure risk is determined, in the context of the facility and work impacts, refer to the recommended work permissions and mitigations action matrix (Table 3).

Where the workforce is significantly impacted refer to Tables 4 and 5.

Table 1: Healthcare workers exposed to COVID-19 in health care settings

This table details the risk rating for fully vaccinated healthcare workers exposed to COVID-19 in health care settings. It aligns with minimum national recommendations.

All exposure category decisions are based on a local risk assessment. A case is any confirmed positive case of COVID-19, including a co-worker, patient or other person.

		EXPOSURE EVENT SCENARIO[#]			
		Low risk scenario: • Transient, limited and distanced contact that does not meet the definition for face-to-face or close contact	**Medium risk scenario**: • Transient face-to-face contact with a case less than 15 minutes, or • Non-transient distanced contact in an indoor space	**High risk scenario**: • Providing direct care to a case, or • Prolonged/cumulative contact in the same enclosed/confined space, or • Where the types of care or potential behaviours increase the risk of COVID-19 transmission, or • contact with multiple COVID-19 cases.	
PPE WORN BY STAFF& CASE DURING EXPOSURE	Staff: No effective PPE Case: With or without mask	Low risk	Low to moderate risk	High risk	
	Staff: Surgical mask only Case: No mask	Low risk	Low to moderate risk	High risk	
	Staff: Surgical mask + eye protection* Case: No mask	Low risk	Low to moderate risk	Moderate risk Depending on risk assessment	High risk Depending on risk assessment
	Staff: Surgical mask only Case: Mask[§]	Low risk	Low risk	Low to moderate risk Depending on risk assessment	Moderate risk Depending on risk assessment
	Staff: Surgical mask + eye protection* Case: Mask[§]	Low risk	Low risk	Low to moderate risk Depending on risk assessment	
	Staff: P2/N95 + eye protection* Case: With or without mask	Low risk	Low risk	Low risk	
	Staff: Full PPE – P2/N95, eye protection, gown, gloves; no breaches Case: With or without mask	Low risk	Low risk	Low risk	

* If gown/apron or gloves were also worn during the exposure event, this should be documented and may be factored into the exposure event risk assessment.

[§] Incorrect mask use is to be considered the same as 'no surgical mask'. Incorrect P2/N95 mask use is to be considered the same as 'surgical mask'.

[#] Documented risk assessment for all exposure events should include evaluation of occupational exposures and of the space (including size and ventilation, where possible).

Table 2: PPE breach risk assessment and actions

Note: This table represents minimum national recommendations.

Determine level of exposure		Immediate actions	Actions once risk confirmed
Low risk of breach	• Breaches in PPE that occur below the neck and are managed immediately (e.g. torn glove)	• Immediately remove self from duties • Remove PPE • Perform hand hygiene • Inform line manager	Follow actions for low risk as outlined in Table 3: Recommended work permissions and restrictions.
Moderate risk of breach Increased risk of infection	• Incorrect use of PPE • Incorrect PPE for task • Contamination occurs during doffing (occurs above neck)	• Immediately remove self from duties • Remove PPE • Perform hand hygiene/flush site or relevant care • Inform line manager • Screening/testing • Continuous monitoring	Follow actions for moderate risk as outlined in Table 3: Recommended work permissions and restrictions.
High risk of breach Likely risk of infection	• Exposure of mucous membranes by direct droplets from confirmed COVID positive (e.g. spitting in healthcare worker face by confirmed COVID case)	• Immediately remove self from duties • Remove PPE • Perform hand hygiene/flush site or relevant care • Inform line manager • Closely monitor • Screen/test • Remove from immediate duties	Follow actions for high risk as outlined in Table 3: Recommended work permissions and restrictions.

Scenario 2: COVID-19 exposure from community or household setting (Close Contact of a diagnosed case - household or household-like)

If a worker has been identified as a close contact from community exposure a response can be applied as per the high-risk columns in Tables 3 and 4.

It is important that an employee advises their line manager at the earliest possible opportunity.

Staff who are close contacts and are identified as critically essential workers may attend work while in quarantine under the provisions of Part 3 of *Isolation for Diagnosed Cases of COVID-19 and Management of Close Contacts Direction (No. 2).*

Important: Staff member must continue to isolate at home for the full 7 days when not at work. They must travel directly to work and directly home.

The risk management plan for each staff member includes the following:

- Separate from the diagnosed case and COVID-19 RAT test negative on day 2 after separation, prior to commencing work
- Must be asymptomatic - this is checked by the Work Unit or Hospital Manager prior to the staff member commencing work each day
- Daily Rapid Antigen Test (RAT) prior to the commencement of each work shift from day of return to work until 7 days since the date the diagnosed case.
- For 14 days post exposure
    - Wear a P2/N95 respirator in clinical areas in accordance with the PPE escalation level; and wear surgical mask in non-clinical areas (e.g. staff only spaces) and travel to and from work.
    - Do not enter shared spaces such as tearooms and do not participate in any staff gatherings in the workplace where masks are likely to be removed
    - Careful monitoring for symptoms.

Alternative mitigations to consider when adjusting restrictions to support health system capacity

To mitigate against workplace exposure to COVID-19 the following should be considered -

- PPE should be consistent with settings as detailed on the Queensland Health website
- Use of N95 masks and eye protection at all times in accordance with the PPE escalation level
- Minimising risk of exposure to vulnerable people as per local Hospital and Health Service Plans
- Adjusting staff rosters to minimise risk to patients and/or exposure of other staff (e.g. exposed workers tending to COVID-19 cases)
- Meal breaks to be taken in an appropriate environment where staff can socially distance e.g. open space or outside and not in crowded tearoom / breakrooms
- Encourage staff to minimise time at work outside of rostered hours and social interactions at and outside of work.

Table 3: Risk-based work permissions and restrictions – conventional scenario (see Table 4 for contingency/crisis approach)

This table provides the work restrictions, testing requirements, return to work conditions, PPE requirements and site access requirements for healthcare workers exposed to COVID-19 in health care settings. It is based on the risk assessment (above) and aligns with minimum national recommendations.

		RISK LEVEL			
		Low risk	**Low to moderate risk**	**Moderate risk**	**High risk or Close Contact ***
Work restrictions		Continue to work	Continue to work	**Leave workplace immediately.** **Isolate** as a close contact until Day 2 RAT if negative may return to work Day 2	**Leave workplace immediately**. **Isolate** as a close contact.
Testing		Be alert to mild symptoms and get a PCR test if symptomatic.	Day 2 RAT test. Be alert to mild symptoms and get a PCR test if symptomatic.	Day 2 RAT test. Be alert to mild symptoms and get a PCR test if symptomatic.	Day 6 RAT test. **Isolate** while result pending. Be alert to mild symptoms and get a PCR test if symptomatic.
		Any staff who develop symptoms must get a throat-nose swab and **isolate** until their result is known and symptoms have resolved.			
Return to work		N/A	N/A	Return to work if Day 2 RAT test is negative. Staff who have received their COVID-19 booster vaccination should be preference for return to work.	If Day 6 RAT test is negative, return to work on Day 8. Staff who have received their COVID-19 booster vaccination should be preferenced for return to work.
Additional requirements for return to work	Surveillance testing	N/A	N/A	Workplace to consider need for additional surveillance testing (e.g. daily or less frequent testing) in days 8-14	Workplace to consider need for additional surveillance testing (e.g. daily or less frequent testing) in days 8-14
	In the workplace	N/A	N/A	Whilst at work, restricted from break rooms and other locations where there is potential to remove mask. Recommended to eat or drink in a separate designated area.	Whilst at work, restricted from break rooms and other locations where there is potential to remove mask. Recommended to eat or drink in a separate designated area.
	Additional PPE	Surgical mask	Always wear a surgical mask* or P2/N95* respirator for 14 days post-exposure in indoor spaces, including staff only spaces, unless eating/drinking.	Always wear a surgical mask* or P2/N95* respirator for 14 days post-exposure in indoor spaces, including staff only spaces, unless eating/drinking.	Always wear a surgical mask* or P2/N95* respirator for 14 days post-exposure in indoor spaces, including staff only spaces, unless eating/drinking.
	Work across sites?	In general, yes. Inform all employers of cross-site details.	In general, yes. Inform all employers of cross-site details.	In general, yes. Inform all employers of cross-site details. Consider limiting work to a single site/area at employer discretion. Exclude from work with high risk patients, where possible (e.g. oncology wards).	In general, no. Limit work to a single site/area where possible. Cross-site work permitted at employer discretion. Exclude from work with high risk patients, where possible (e.g. oncology wards). Consider redeployment if work is with vulnerable persons.
		If there is an outbreak at a workplace, employers should consider limiting staff to a single site even if exposures are low risk.			

* wear a P2/N95 respirator in clinical areas in accordance with the PPE escalation level; and wear surgical mask in non-clinical areas (e.g. staff only spaces) and travel to and from work.

Table 4: Restrictions and permissions for workers in health care settings when workforce is significantly impacted – healthcare workers with high risk or close contact[#] exposure to COVID-19

Work restrictions for workers with high risk exposure to COVID-19 or are Close Contacts	
Conventional (refer Table 3) **(Health System Response Tiers 1 – 3)**	**Contingency / Crisis** **(Health System Response Tiers 4 - 5)**
Isolate immediately. Day 6 rapid antigen test (RAT). Return to work on Day 8 if day 6 RAT is negative. If able to return to work: • wear a surgical mask* or P2/N95* respirator at all times for 14 days post-exposure in indoor spaces, including staff only spaces, unless eating/drinking • be alert to mild symptoms and get a PCR test if symptomatic • limit work to a single site/area wherever possible • additional surveillance testing such as regular RATs.	No work restrictions. Must have received booster dose. If able to continue to work: • day 2 - 7 RAT (if positive for COVID-19 refer to table 5) • always wear a surgical mask* or P2/N95* respirator for 14 days post-exposure in indoor spaces, including staff only spaces, unless eating/drinking • be alert to mild symptoms and get a PCR test if symptomatic • limit work to a single site/area wherever possible • additional surveillance testing such as regular RATs up to day 14

under the provisions outlined in Part 3 – Critically Essential Workers of the Public Health Direction *Isolation for Diagnosed Cases of COVID-19 and Management of Close Contacts Direction (No. 2)* or its successor

* wear a P2/N95 respirator in clinical areas in accordance with PPE escalation level and wear surgical mask in non-clinical areas (e.g. staff only spaces) and travel to and from work.

Scenario 3: Work permissions for asymptomatic COVID-19 positive workers in healthcare settings

COVID-19 positive workers may be required to work in healthcare settings under exceptional circumstances. Work permissions in these circumstances must be approved by the Chief Health Officer, Deputy Chief Health Officer or their delegate. Work permissions for workers who are COVID-19 positive should only be considered in circumstances where all other capacity mitigations have been exhausted and may be activated at Tier 4 and Tier 5.

Circumstances may include:

- Health system capacity is under significant strain and alternative options for surge support have been exhausted i.e. in Tier 4 or Tier 5.
- The staff member is vaccinated, has received a booster dose, is asymptomatic and considered able to work.
- The staff member is able to avoid contact with patients and other staff members who do not have COVID-19 whilst attending the workplace (either through zoning, appropriate PPE or supporting a virtual model from a safe location).

Where these adjustments are insufficient, and further action is needed to support the continued delivery of essential health services, additional permissions for COVID-19 positive workers may be considered (refer to Table 5).

Generally, in these circumstances:

- Workers who are COVID-19 positive should be allocated to provide care to COVID-19 positive patients, minimising further risk of exposure to COVID-19 negative workers and patients/residents.
- Workers should be fully vaccinated and have received a booster vaccine.
- Workers who are COVID-19 positive should not provide care to other patients unless there is a critical workforce capability shortage (e.g. if the only specialist at a hospital is COVID-19 positive and a medical emergency occurs requiring immediate specialist attention).
- Workers who are COVID-19 positive should return to the workplace for a specific purpose or service need and when not in the workplace, must remain in isolation at home.

Where an asymptomatic COVID-19 positive worker is required to return to work during their isolation period, the application for exemption for a staff member must be supported by the operator of the hospital and submitted through the COVID-19 Services Portal or via the Hospital Emergency Operations Centre to the State Health Emergency Coordination Centre.

Table 5: Restrictions and permissions for workers in health care settings when workforce is significantly impacted – healthcare workers who are COVID-19 positive and asymptomatic

Work permissions for COVID-19 positive workers in RACFs should only be applied as a last resort based on discussions between the health service and the PHU. Work permissions in these circumstances must be approved by the CHO or appropriate delegate. After returning to work, the worker must self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen. Workers must be vaccinated, have received a booster dose and be asymptomatic. Symptomatic and immunocompromised staff are not considered in this decision making at this time.

Work restrictions for workers with COVID-19[#] and are Asymptomatic		
Conventional (Health System Response Tiers 1 – 3)	**Contingency** (Health System Response Tier 4)	**Crisis** (Health System Response Tier 5)
	Mitigation for worker shortages	
Isolate for 7 days. Return to work on day 8. Be alert to mild symptoms and isolate if becomes symptomatic (in accordance with relevant Public Health Direction). Comply with PPE requirements. Wear a surgical mask* or P2/N95* respirator at all times for up to 14 days post day of COVID-19 test in indoor spaces. No shared breakrooms.	Isolate for 4 days. Return to work on day 5. Must have received booster dose. Must be asymptomatic. Be alert to mild symptoms and isolate if becomes symptomatic (in accordance with relevant Public Health Direction). Limit work to providing care to COVID-19 positive patients/residents. Exclude from work with high risk patients. Wear a surgical mask* or P2/N95* respirator at all times for up to 14 days post day of COVID-19 test in indoor spaces. No shared breakrooms.	No work restrictions. Must have received booster dose. Must be asymptomatic. Be alert to mild symptoms and isolate if becomes symptomatic (in accordance with relevant Public Health Direction). Limit work to providing care to COVID-19 positive patients/residents. Exclude from work with high risk patients. Wear a surgical mask* or P2/N95* respirator at all times for up to 14 days post day of COVID-19 test in indoor spaces. No shared breakrooms.

\# subject to an exemption to the Public Health Direction *Isolation for Diagnosed Cases of COVID-19 and Management of Close Contacts Direction (No. 2)* or its successor

* wear a P2/N95 respirator in clinical areas in accordance with PPE escalation level and wear surgical mask in non-clinical areas (e.g. staff only spaces) and travel to and from work.

Related Documents and Resources

- COVID-19 Pandemic Workforce Surge Plan
- Health Employment Directive No. 12/21 Employee COVID-19 vaccination requirements
- Personal protective equipment (PPE) and infection control guidance (noting there are specific resources on Safe fitting and removal of PPE and a FIT Check for P2/N95 respirator)
- Chief Health Officer public health directions
- Management of COVID-19 outbreak in hospital settings
- Managing suspected cases of COVID-19 in the workplace: Line Manager protocol
- COVID-19 Information for staff
- Employee leave options due to COVID-19
- COVID-19 vaccination information for Queensland Health employees
- Information sheet: COVID-19 and managing employee health risks