Request for Queensland Health Staff to Return to Work – Healthcare Workers Exposed to COVID-19. Management of Metro North Health staff identified as Close Contacts

This document is a living document and will be updated to reflect iterative changes to the relevant Queensland Health Directions are developed in response to the dynamic COVID-19 environment.

Purpose

This procedure provides a framework for safe assessment and decision making to approving return to work for asymptomatic critically essential staff who are close contacts of a diagnosed COVID-19 case.

Close Contact

The current Chief Health Officer Direction for management of close contacts forms the primary reference point for this process as updated from time to time.
This Direction is Management of Diagnosed Cases of COVID-19 and Close Contacts Direction | Queensland Health.

There are two (2) definitions relevant in defining how a staff member may be considered a "Close Contact", which refer to where the staff member may have been exposed to a confirmed COVID-19 case:

1. Community – as per the Management of Diagnosed Cases of COVID-19 and Close Contacts Direction | Queensland Health
2. Hospital Setting – as per the Recommended approach to assessing close contact exposures to COVID-19 in the hospital setting – Statewide Infection Clinical Network (Attachment 1).

Process

Part 4 of the Management of Diagnosed Cases of COVID-19 and Close Contacts Direction | Queensland Health permits Queensland Health employees to return to work in line with other industries.

Employees who are close contacts may return to work under the following conditions:

- They have no symptoms
- They be Fully Vaccinated
- They inform their manager that they are a close contact before returning to the workplace
- wears a ***surgical mask*** or complies with any greater PPE requirements of the ***vulnerable facility*** while at work
- They test for COVID-19 at a minimum second daily and only continue to work if they test negative
- They leave work as soon as practicable (after informing their manager) if they become symptomatic.

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

A close contact may be required to remain out of the workplace in any of the following circumstances:

1. Their role is suitable for them to work from home
2. They have caring responsibilities at home
3. They have symptoms and have tested negative and are therefore required to remain in quarantine in accordance with the Public Health Direction.

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.

Risk Assessment

When considering if an asymptomatic close contact can return 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 undergoing chemotherapy and radiation for the treatment of cancer.

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

- Proposed work scope for period staff member whilst still considered a close contact:

Ie:

(1) high level work tasks
(2) patient cohorts to which interaction may occur
(3) any proposed additions to COVID-19 safe plan (above minimum requirements below).

COVID-19 Safe Plan

Once a risk assessment has been completed for an individual's circumstance, in collaboration with the appropriate Directorate infection control representatives, a Line Manager may determine an appropriate COVID-19 safe plan that may be implemented to support the staff member to return to work as an asymptomatic close contact within their COVID-19 quarantine period.

The minimum COVID-19 safe requirements to be considered for a return to work while quarantining as a close contact are:

- have no COVID-19 symptoms
- Be Fully Vaccinated
- get tested using a Rapid Antigen Test (RAT) kit (supplied by your employer) on your first day of work (before starting work), and on every second day after that, until the end of your close contact period.
- provide evidence that the above tests are negative on every occasion OR notify your Line Manager and the Staff Case Management team of a positive result
- wears a surgical mask or complies with any greater PPE requirements of the vulnerable facility while at work.

The Directorate may require additional COVID-19 safe actions to support an individual's circumstance for both community and healthcare facility-based exposure.

All COVID-19 safe requirements should be communicated to the staff member to support informed consent to be obtained prior to their return to work.

Electronic Application

The Line manager of the close contact staff member may elect to document the approval process via the paper-based Request for Metro North Health Worker Return from Quarantine Form (Appendix 1) or electronically via Microsoft FORM or QR code below:

The electronic Form Flow is initiated by the line manager.

If suitable for close contact staff member to return to work, a workflow is initiated and:

1. Sent to the delegate for approval, then the
2. Outcome is emailed to line manager and staff member concurrently.

If the staff member is not suitable to return to the workplace, a workflow is initiated to populate the close contact spreadsheet for central record with the reason provided.

n.b. previous flow where close contact staff member was required to consent involved collection of consent from staff member as the second step. This has now been removed in line with the new Health Direction requirements.

APPENDIX 1

Request for Metro North Health Worker Return from Quarantine Form

This form may be used to request approval for returning workers with high-risk exposure to COVID-19 to the workplace prior to the end of the conventional quarantine period if electronic process is unavailable or if the staff member or line manager does not consent to the information being shared via Microsoft FORMS.

<table>
<tr><td>Department:</td><td colspan="2"></td></tr>
<tr><td>Line Manager making request:</td><td colspan="2"></td></tr>
<tr><td>Employee Details:</td><td>Name:</td><td rowspan="2">COVID-19 Vaccination Booster received (circle):

Yes
No/unknown</td></tr>
<tr><td>Date of Contact with Positive Case (ie ‘day 0’):</td><td>___/___/____</td></tr>
<tr><td>Worker <u>can</u> return to workplace:

Criteria supporting staff member returning to work as a close contact</td><td colspan="2">☐ Staff member is asymptomatic
☐ Staff member COVID-19 vaccinations are up to date
☐ staff member can resume normal duties, or
☐ adjusted duties the staff member can perform:
_____
☐ Additional required PPE (other than surgical face mask):
_____</td></tr>
<tr><td>Worker <u>cannot</u> return to workplace

Confirmation of reasons staff member is unable to return to the workplace as a Close Contact</td><td colspan="2">☐ Their role is suitable for them to work from home
☐ They have caring responsibilities at home
☐ They have symptoms and have tested negative and are therefore required to remain in quarantine in accordance with the Public Health Direction.</td></tr>
<tr><td>Line Manager signature</td><td></td><td>Date: ___/___/____</td></tr>
<tr><td>Line Manager:</td><td colspan="2">_____
Name

_____
Position</td></tr>
<tr><td rowspan="2">Approval:
Authorised by Executive Director</td><td colspan="2">☐ Approved ☐ Not approved</td></tr>
<tr><td>_____
Signature</td><td>Date: ___/___/____</td></tr>
</table>

APPENDIX 2

Metro North Health Worker Return to Work Record

This form may be utilised to maintain a record of testing for an approved staff member who is a close contact of a confirmed positive case of COVID-19 supporting their return to work within 7 days of exposure.

Department:		
Line Manager		
Employee Details:	**Name:**	**Position:**
Status:	**Date of Contact with Positive Case (ie 'day 0'):**	___/___/____
Record of dates and shifts worked during quarantine	___/___/____ _____Symptoms ☐ Nil ___/___/____ _____ Symptoms ☐ Nil ___/___/____ _____ Symptoms ☐ Nil ___/___/____ _____ Symptoms ☐ Nil ___/___/____ _____ Symptoms ☐ Nil ___/___/____ _____ Symptoms ☐ Nil ___/___/____ _____ Symptoms ☐ Nil	
Record of RAT results sighted	___/___/____ _____ ___/___/____ _____ ___/___/____ _____ ___/___/____ _____ ___/___/____ _____	
End of Close Contact restrictions completed:	___/___/____ _____	

Line Manager to maintain copy for auditing purposes

Queensland Health

Clinical Excellence Queensland

Recommended approach to assessing close contact exposures to COVID-19 in the hospital setting

Statewide Infection Clinical Network

Background

- The CDNA defines a close contact of COVID-19 as having had more than 4 hours of cumulative contact with a COVID-19 case in a residential setting[1]
- The AHPPC has published interim guidance[2] that additionally defines high-risk exposures to healthcare workers in the workplace setting as:
    - 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
    - greater than 2 hours within the same room with a case during their infectious period, where appropriate masks have been removed for this period
- Healthcare workers remain at increased risk of exposure to COVID-19 through their work, despite mitigations such as vaccination, environmental controls, PPE, and early identification of / appropriate transmission-based precautions for patients with suspected and confirmed COVID-19 infection.
- Healthcare workers who are infected with COVID-19 pose a risk of transmission to co-workers and patients (many of whom are vulnerable to severe COVID-19), transmission can occur even when infection is asymptomatic.

The following tables provide minimum recommendations for assessing (Tables 1 and 2) and managing (Table 3) possible COVID-19 exposures in the hospital setting.

Those identified as having high risk exposures should be managed as close contacts in accordance with the relevant CHO direction.[3]

Table 1. Assessment of and immediate actions for PPE breach events

Determine level of exposure		Immediate actions
Low risk	• 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 • Check Table 3 for further actions
Moderate risk	• Incorrect use of PPE • Incorrect PPE for task • Contamination occurs during doffing (occurs above neck)	
High risk	• Exposure of mucous membranes by direct droplets from confirmed COVID positive (e.g. spitting in healthcare worker face by confirmed COVID case) without appropriate PPE	

[1] https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm

[2] https://www.health.gov.au/resources/publications/permissions-and-restrictions-for-workers-in-health-care-settings-interim-guidance

[3] https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers/isolation-for-diagnosed-cases-and-management-of-close-contacts

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Table 2. Assessment of contacts following COVID-19 exposure in hospital

		Exposure event scenario	
		Transient, limited and/or distanced contact that does not meet the description in next column	Non-transient (>15 mins) face-to-face contact with a case, or Prolonged/cumulative contact (> 2hours) in proximity in the same room*, or Where the types of care or potential behaviours increase the risk of COVID-19 transmission (e.g. aerosol generating procedures or behaviours)
PPE worn by staff and case during exposure	Contact: No effective PPE Case: With surgical mask or without mask	Low risk	High risk
	Contact: Surgical mask only Case: No mask	Low risk	Moderate to High risk, depending on risk assessment
	Contact: Surgical mask only Case: Mask	Low risk	Moderate to High risk, depending on risk assessment
	Contact: Surgical mask + eye protection Case: No mask	Low risk	Moderate to High risk, depending on risk assessment
	Contact: Surgical mask + eye protection Case: Mask	Low risk	Low to Moderate risk, depending on risk assessment
	Contact: P2/N95 Case: With or without mask	Low risk	Low to Moderate risk, depending on risk assessment
	Contact: P2/N95 + eye protection Case: With or without mask	Low risk	Low risk
	Contact: No effective PPE Case: P2/N95	Low risk	Low to Moderate risk, depending on risk assessment

Table 3. Management of contacts following COVID-19 exposure in hospital

Exposure or PPE breach risk assessment	Recommended management
Low risk	Be alert to mild symptoms and test if symptomatic
Moderate risk	Above, plus **Healthcare workers:** COVID-19 test on day 2 or later and continue to work +/- other mitigation strategies as locally advised (e.g. avoid shared tea rooms and wear a mask in hospital at all times until day 7 post exposure) **Patients:** COVID-19 test when contact identified +/- other mitigation strategies as locally advised (e.g. regular COVID-19 tests up to day 7)
High risk	Manage as a close contact in line with current Queensland Government guidelines

Patient exposures in the hospital setting

- Consider using the higher risk assessment option in settings where there are likely to be more patient-to-patient interactions (e.g. mental health or rehabilitation wards), or where there are more vulnerable patients (e.g. predominantly elderly or immunosuppressed)
- * Although airborne transmission is possible, those in close proximity to an index case are at highest risk of transmission. For patients with prolonged contact in the same space but not in close physical proximity to the case, risk assess the likelihood of transmission based on local factors such as ventilation, the nature of the space and patient circumstances.

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