

Frontline Workers: A Global Perspective



**Frontline Worker Safety  
in the Age of COVID-19**  
*Health Watch USA<sup>sm</sup>*



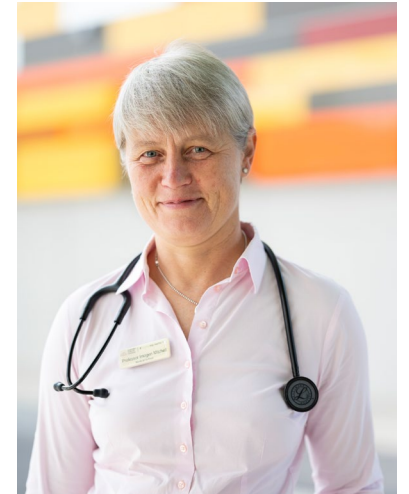
*Webinar Sept. 14th, 2022 - Registration Now Open*

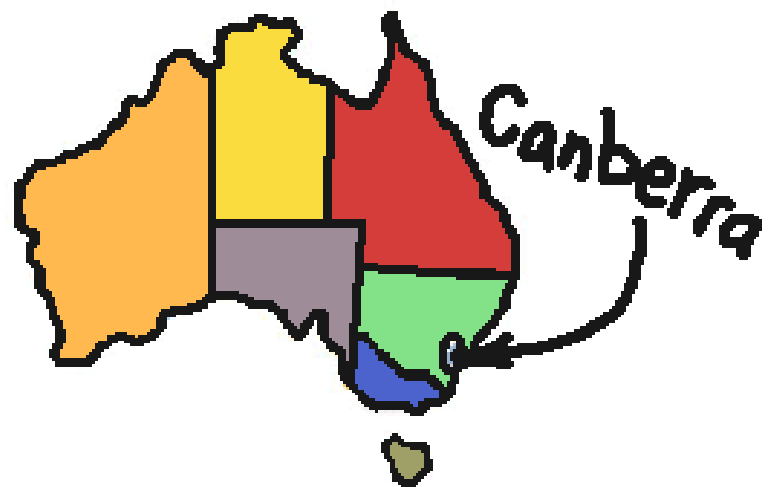
<https://healthconference.org>

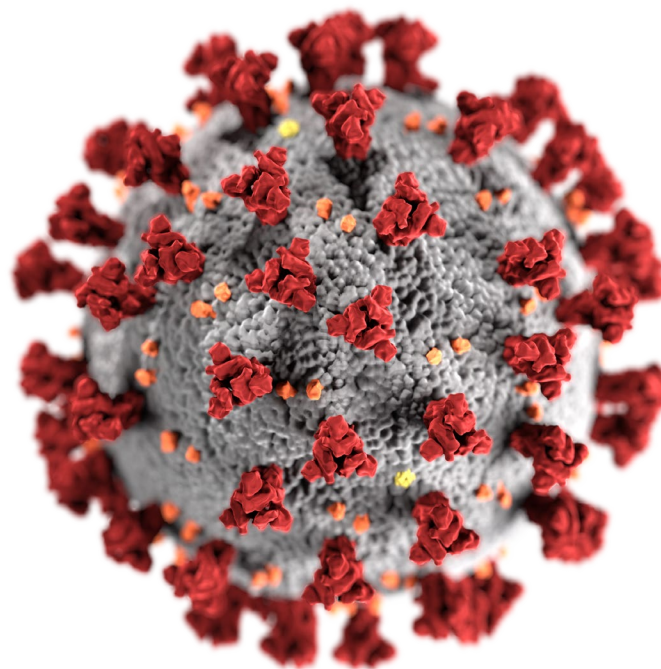
# Australia's experience of COVID-19 Workplace Safety

Professor Imogen Mitchell  
Clinical Director, ACT COVID-19 Response

Executive Director, Research and Academic Partnerships  
Intensive Care Specialist Canberra Health Services

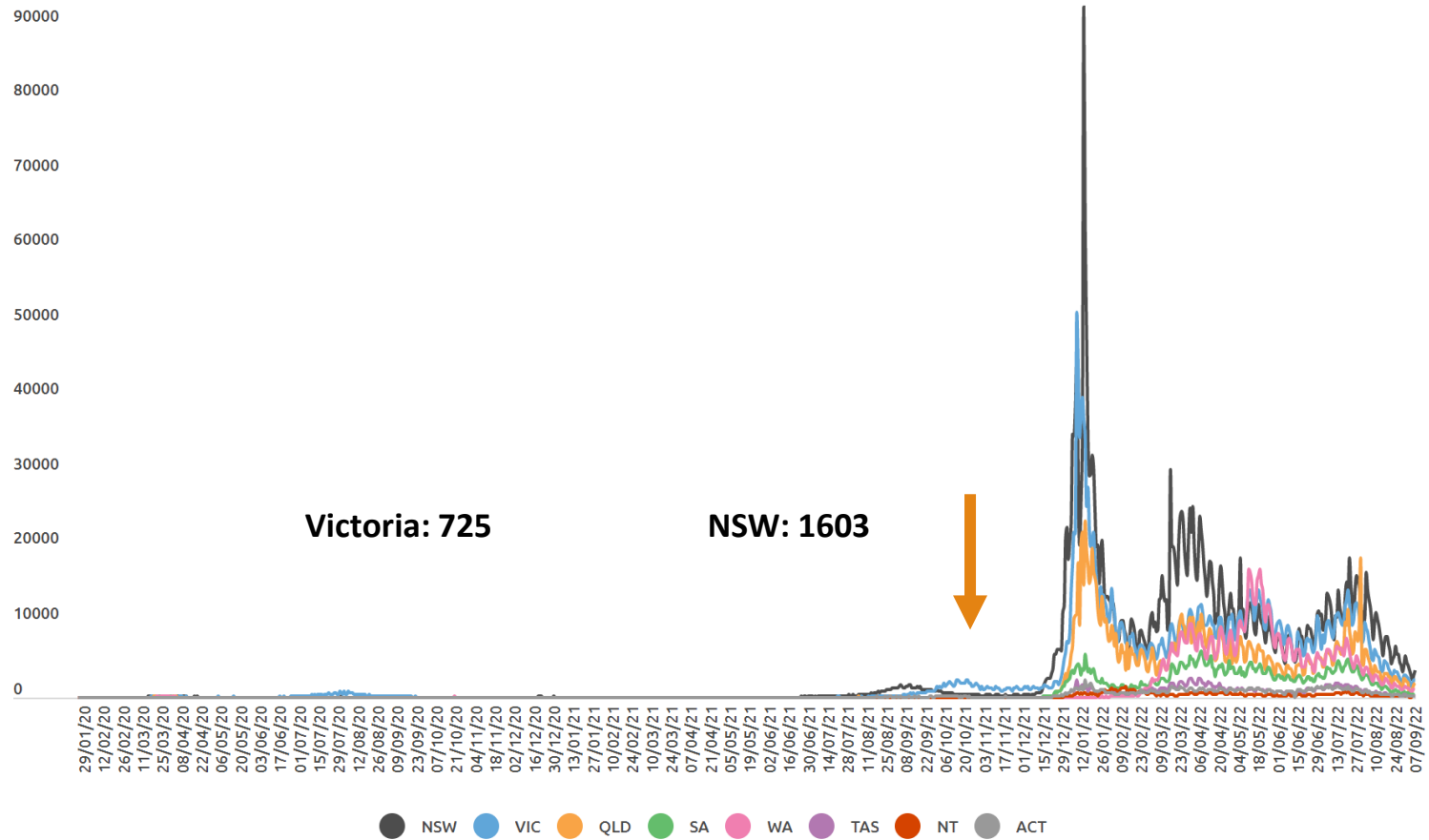




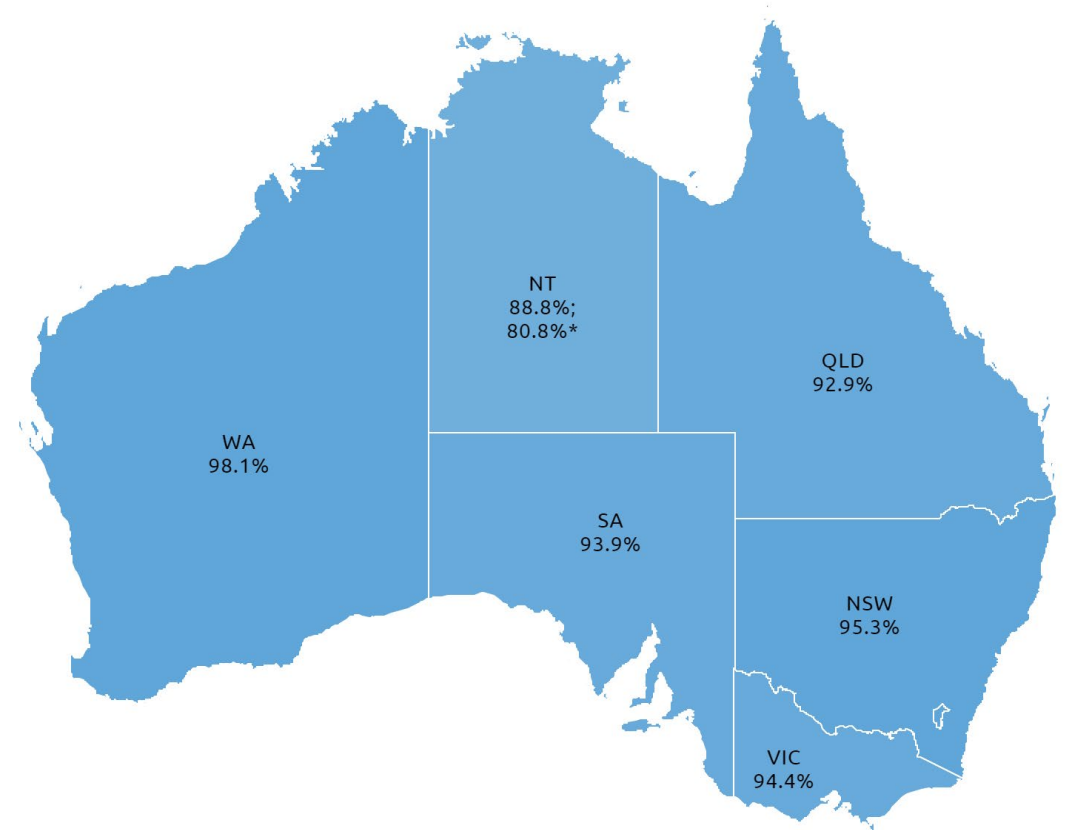
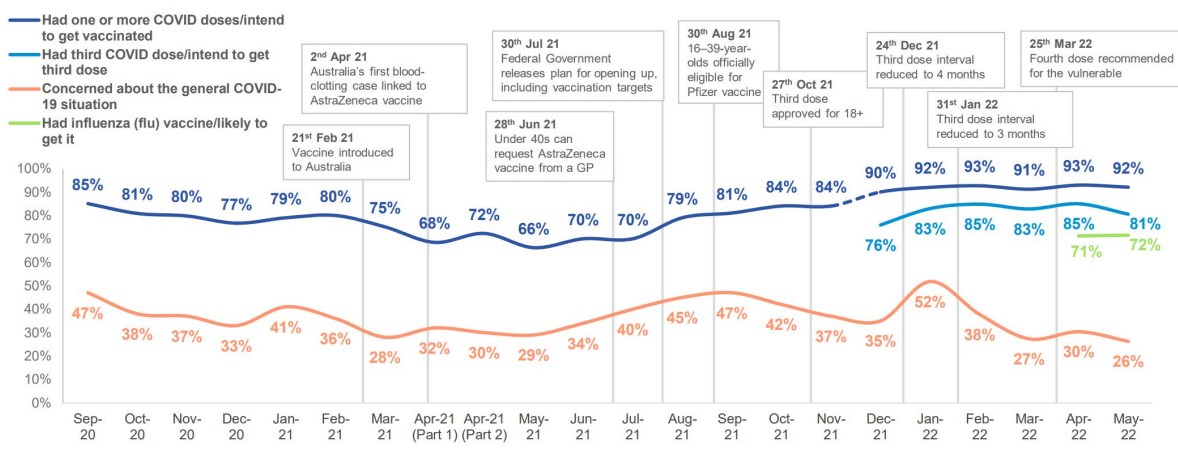


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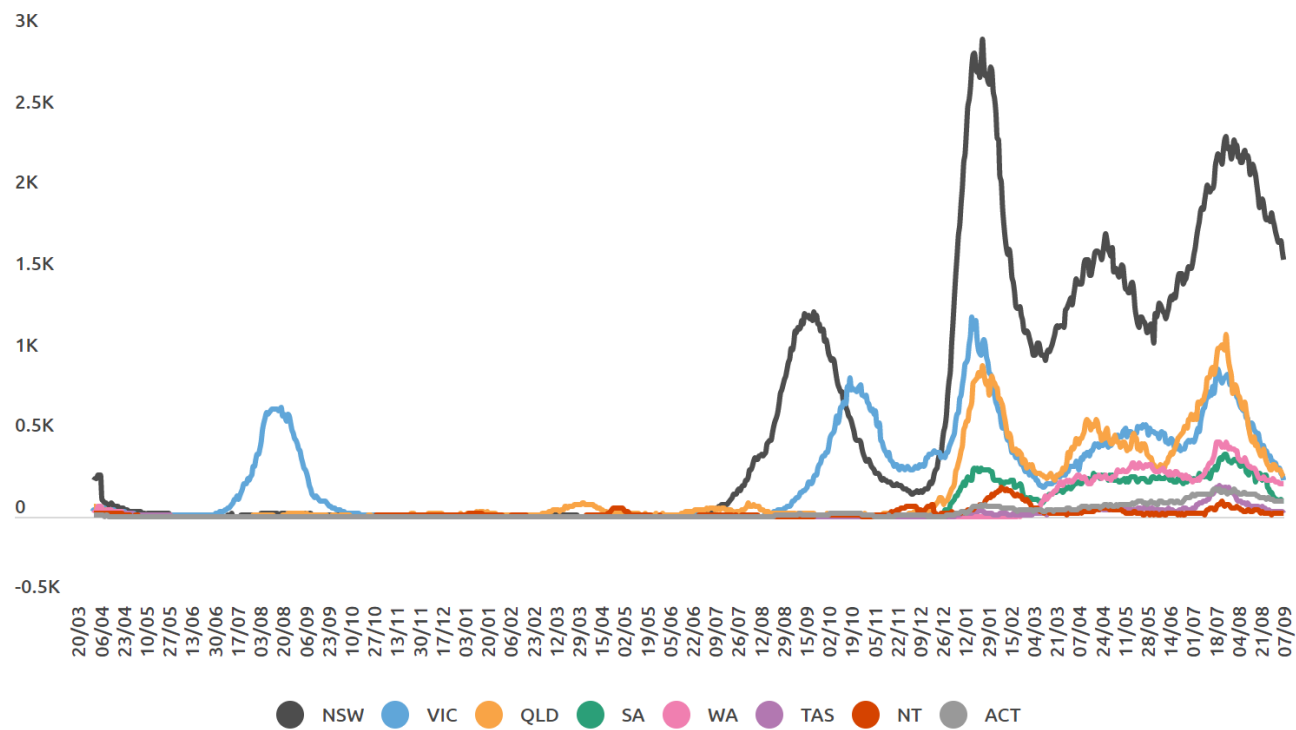




# Daily COVID-19 Cases



# Vaccinations



# COVID-19 Hospitalisations



# Governance

## ■ National Management

Formation of National Cabinet

Advised by Australian Health Principal Protection Committee (AHPPC)

Chair: Chief Medical Officer

Members: 3 DCMOs, Jurisdictional Chief Health Officers

COVID funding shared between Federal and Jurisdictional Governments

## ■ Jurisdictional Management

Declaration of health emergencies

Health Emergency Coordination Centres (Public Health/Clinical)

Public health units guided by AHPCC

Acute care facilities planned for surge in patients





# Jurisdictional Plans

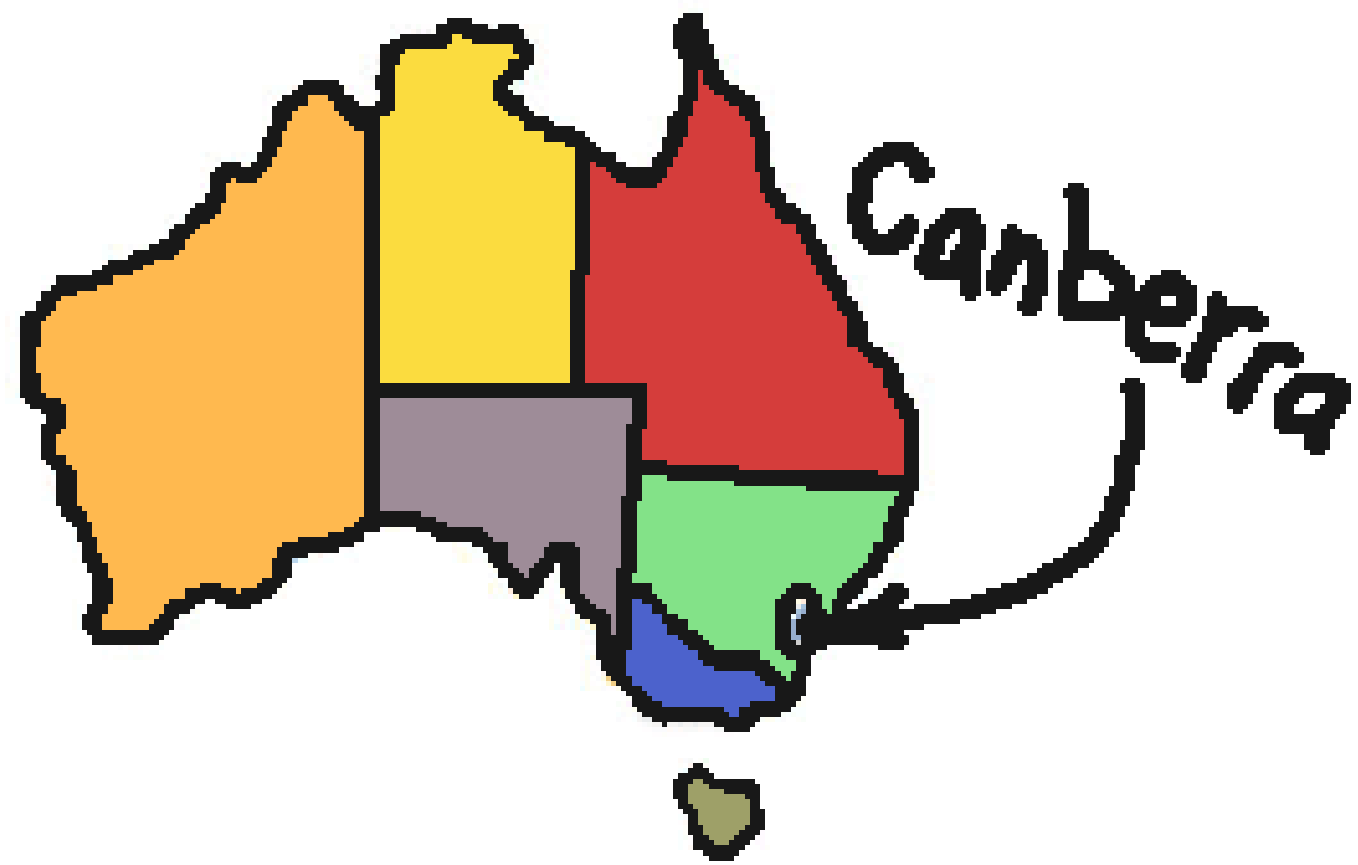
- Public health strategies

Community movement/Aged care/Hotel quarantine/Home quarantine

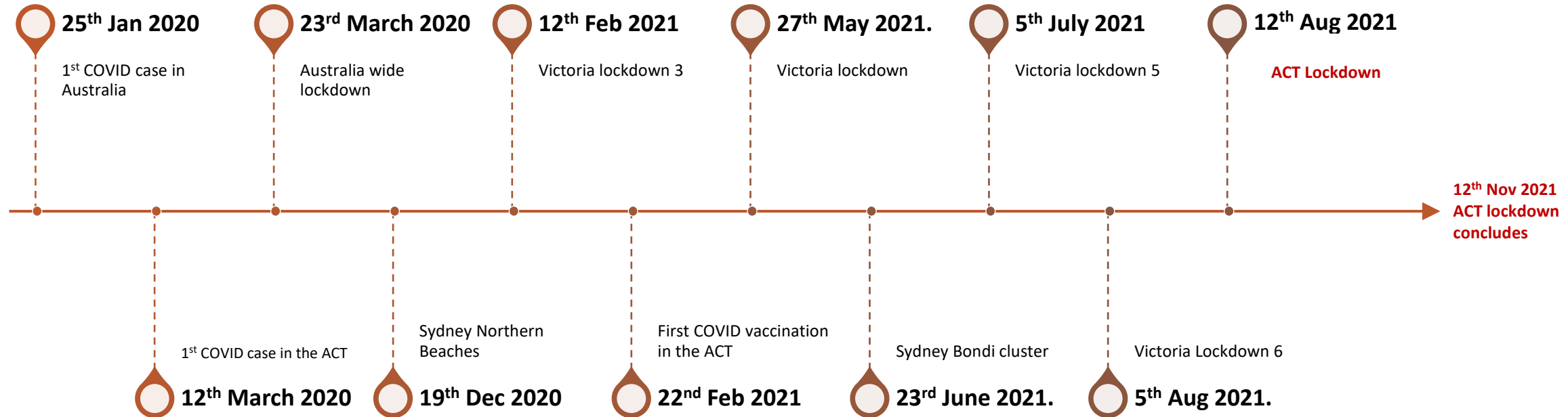
- Guiding principles developed for hospitals
- Capacity plans for hospitals (infrastructure/logistics, workforce, financial support)
- Communication to staff/community







# Timeline of Events





# Principles

- Protect staff
- Protect patients
- Protect community



# Minimising harm from COVID-19

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# Work Health and Safety

## Historically

- Not seen as especially relevant to health care
- Someone else's problem
- Lack of attention by many in the health care system

## Model Work Health and Safety Act 2011

- Provides for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces
- securing compliance with the Act through effective and appropriate compliance and ***enforcement*** measures





# Minimise density of COVID

- **Minimise number of footprints into health facilities**

  - Minimise the number of movements across any border

  - No visitors unless compassionate reasons

    - Exemption process

  - Essential health care workers only

    - no voluntary staff, minimise administrative staff

- **Minimise the risk of footprints having COVID-19**

  - Exemption process included 14 day detailed travel history

  - Screen all visitors for COVID-19 symptoms





# Minimise density of COVID

- **Filtration of Air**

  - Air purifiers near patients with symptomatic COVID

  - Medihoods for patients with COVID unable to be in negative pressure room

- **Outside Tea Rooms**

  - Vending machines placed outside with free drinks



## COVID-19 Staff Exemption Application: Public Health Approval

### Instructions

Use this form if you are a **Staff Member** currently under a Public Health Direction and seeking an exemption to visit or access clinical services in an ACT health facility.

In addition to completing this exemption form, **you will also need to apply for an exemption from quarantine** in the ACT by completing the online 'ACT Health Exemption Application' available [here](#).

Once complete, please submit this form to:

Business Hours: [CHECC.HealthFacilityExemptions@act.gov.au](mailto:CHECC.HealthFacilityExemptions@act.gov.au)

After Hours: Relevant Health Facility *After Hours Hospital Manager or Executive On-Call*

### IMPORTANT

- Exemption applications **will not** be processed if they do not include a completed 14-day travel history and declaration.

Should you require any assistance with the completion of this form, please email [CHECC.HealthFacilityExemptions@act.gov.au](mailto:CHECC.HealthFacilityExemptions@act.gov.au)

| STAFF MEMBER REQUESTING EXEMPTION                                    |  |
|--|--|
| Date   |  |
| ACT Health Quarantine Exemption Reference Number                     |  |
| Full Name  |  |
| Health Facility  |  |
| Work Area and Clinical Role <i>(if applicable)</i>                   |  |
| Home Address   |  |
| Contact Phone Number   |  |
| Category of Staff Member   | <input type="checkbox"/> Administration / Office Role<br><input type="checkbox"/> Patient Facing Role<br><input type="checkbox"/> Equipment /Maintenance / Contractor Role   |
| Is the Staff member considered essential?<br><i>(All must apply)</i> | <input type="checkbox"/> Duties must be undertaken at health facility<br>Role unable to be fulfilled by another individual:<br><input type="checkbox"/> from within the ACT or an interstate location where no restrictions apply<br><input type="checkbox"/> Absence poses a greater risk to patients/staff |

## Previous 14-Day Travel History and Declaration

Please include all travel undertaken within the previous 14-days prior to making the application for exemption, including specific details of the locations and venues visited.

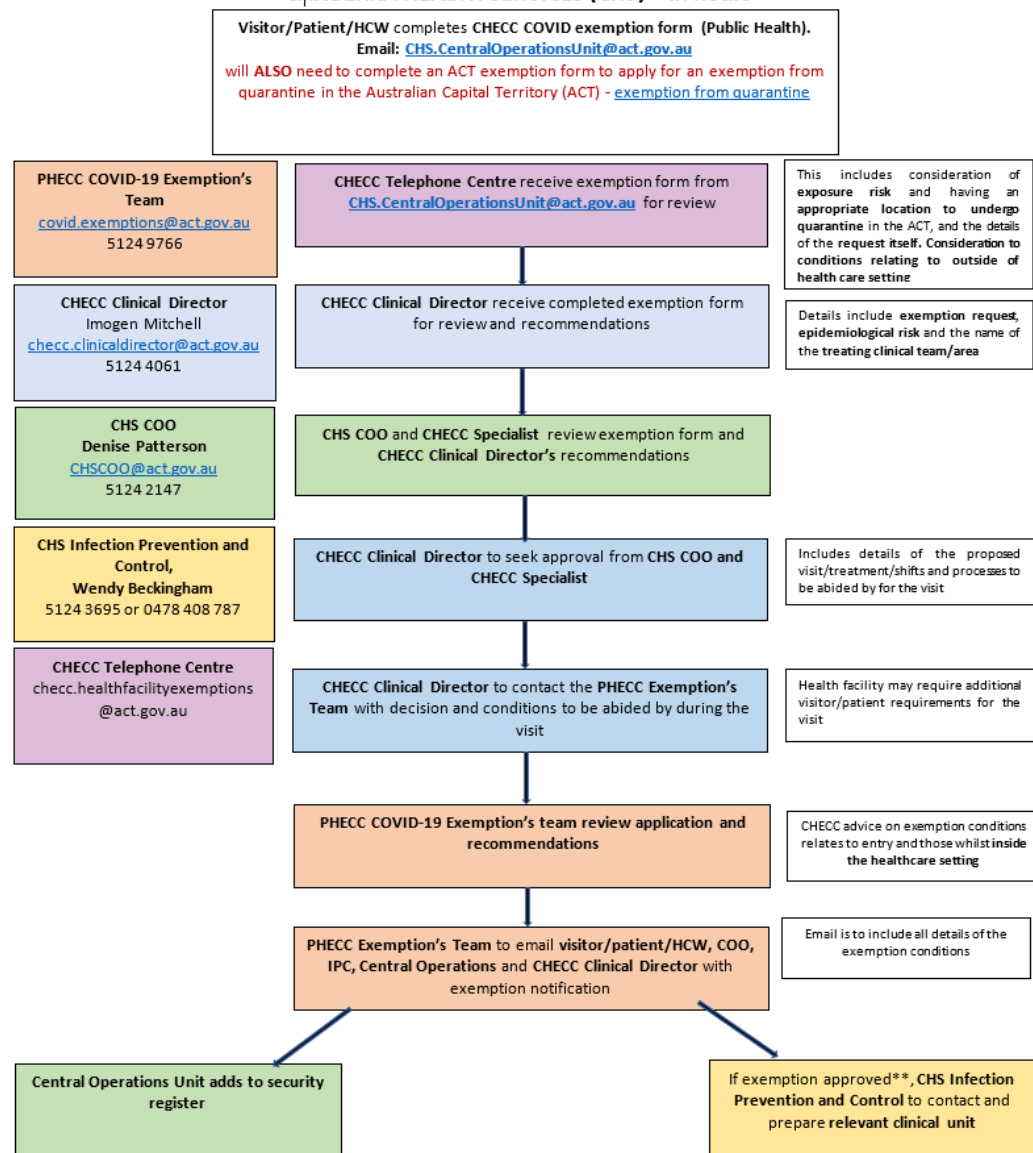
| Location/Venue | Date | Time | Mode of Transport | Comment <i>(if required)</i> |
|----------------|------|------|-------------------|------------------------------|
|                |      |      |                   |                              |
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### DECLARATION

# Exemption Process



## CHECC COVID-19 Exemption Process Under Public Health Direction CANBERRA HEALTH SERVICES (CHS) – In hours





# ACT HEALTH FACILITIES SCREENING

The top priority of healthcare services in the ACT is keeping our staff and patients safe.

This screening tool is used to decide if it is safe for you to enter the health facility today.

Everyone entering this building needs to answer the following screening questions. If you need help filling this out, please talk to a staff member at the entrance. If you want to speak to someone in a language other than English about this form please telephone the Telephone Interpreter Service on 131 450.

Date:    /    / 20    Time: \_\_\_\_\_ am / pm

# Personal Protective Equipment

- Respirators:           Filtration of inspired air  
                              External source of air
  
- Skin protection:    Chemicals  
                              Infections
  
- Eye protection:     Chemicals  
                              Physical  
                              Infection







# Guidance

- Australian Health Protection Principal Committee
- NSW Clinical Excellence Committee
- University's rapid evidence unit
- UK Colleagues
- Experience from other Australia jurisdictions (Victoria/NSW)



# Australian Health Principal Protection Committee



Australian Government  
Department of Health

## Coronavirus disease (COVID-19)

Interim recommendations for the use of personal protective equipment (PPE) during hospital care of people with Coronavirus disease (COVID-19)


**Transmission-based precautions** for patients with suspected or confirmed COVID-19:


- **Contact and droplet precautions** are recommended for **routine care** of patients.
- **Contact and airborne precautions** are recommended when performing **aerosol generating procedures (AGPs)**, including intubation and bronchoscopy.


April 2020



# NSW Mask Matrix: May 2020

| Version 1 COVID-19 GUIDELINE MATRIX FOR PPE SELECTION   |  |  |  |   |   |  |
|---|--|--|--|---|---|--|
| Facility COVID-19 risk level: LOW   |  |  |  |   |   |  |
| COVID-19 transmission risk factors  |  |  |  |   |   |  |
| Likelihood of a patient having COVID-19   |  PATIENT RISK FACTORS<br>This represents the minimum level of PPE required. | PROCEDURAL RISK FACTORS<br>Indicates the PPE required for AGPs.<br>For low & very low likelihood patients this must be interpreted in the context of the clinical risk assessment. |  |   |   |  |
|   |  | No Infective Respiratory Illness   | Minimal Infective Respiratory Illness  | Significant Infective Respiratory Illness | Low Risk AGP  | High Risk AGP  |
|   | Proven or Probable<br>• Close contact with confirmed case OR<br>• Exposure to area of high transmission OR<br>• Strong clinical picture                      |  |  |   |   |  |
|   | Possible<br>• Casual contact with confirmed case OR<br>• Risk not assessable OR<br>• Clinically possible OR<br>• Test result pending                         |  |  |   |   |  |
|   | Low likelihood<br>• No recognised exposure or risk AND<br>• Clinically unlikely AND<br>• Alternative diagnosis   |  | *  | Requires COVID-19 testing                 | *   | *  |
|   | Very low likelihood<br>• No recognised exposure or risk AND<br>• Clinically unlikely or alternative diagnosis AND<br>• Negative test result                  |  | *  | *   | *   | *  |
| This document pertains to the assessment risk for COVID-19, it does not replace clinical judgement for other conditions |  |  |  |   |   |  |
| Standard Precautions:<br>Risk assess PPE requirements as per IPAC guidelines.   |  | *  | Standard Precautions may also require Specific Respiratory Precautions:<br>Non COVID-19 respiratory pathogens require PPE as determined by Medical Team and/or IPAC. |   | Contact + Droplet Precautions:<br>Impervious long sleeve gowns and eye protection and surgical masks. | Contact + Droplet + Airborne Precautions:<br>Impervious long sleeve gowns and gloves and eye protection and P2/ N95 masks. |
| Risk assess PPE requirements as per IPAC guidelines.  |  | *  | Specific Respiratory Precautions:<br>Non COVID-19 respiratory pathogens require PPE as determined by Medical Team and/or IPAC.                                       |   | Precautions:<br>Impervious long sleeve gowns and eye protection and surgical masks.                   | Precautions:<br>Impervious long sleeve gowns and eye protection and P2/ N95 masks.   |

| Version 1 COVID-19 GUIDELINE MATRIX FOR PPE SELECTION   |   |  |  |   |   |  |
|---|---|--|--|---|---|--|
| Facility COVID-19 risk level: INTERMEDIATE  |   |  |  |   |   |  |
| COVID-19 transmission risk factors  |   |  |  |   |   |  |
| Likelihood of a patient having COVID-19   |  PATIENT RISK FACTORS<br>This represents the minimum level of PPE required. | PROCEDURAL RISK FACTORS<br>Indicates the PPE required for AGPs.<br>For low & very low likelihood patients this must be interpreted in the context of the clinical risk assessment. |  |   |   |  |
|   |   | No Infective Respiratory Illness   | Minimal Infective Respiratory Illness  | Significant Infective Respiratory Illness | Low Risk AGP  | High Risk AGP  |
|   | Proven or Probable<br>• Close contact with confirmed case OR<br>• Exposure to area of high transmission OR<br>• Strong clinical picture                       |  |  |   |   |  |
|   | Possible<br>• Casual contact with confirmed case OR<br>• Risk not assessable OR<br>• Clinically possible OR<br>• Test result pending                          |  |  |   |   |  |
|   | Low likelihood<br>• No recognised exposure or risk AND<br>• Clinically unlikely AND<br>• Alternative diagnosis  |  |  | Requires COVID-19 testing                 |   |  |
|   | Very low likelihood<br>• No recognised exposure or risk AND<br>• Clinically unlikely or alternative diagnosis AND<br>• Negative test result                   |  | *  | *   | *   | *  |
| This document pertains to the assessment risk for COVID-19, it does not replace clinical judgement for other conditions |   |  |  |   |   |  |
| Standard Precautions:<br>Risk assess PPE requirements as per IPAC guidelines.   |   | *  | Standard Precautions may also require Specific Respiratory Precautions:<br>Non COVID-19 respiratory pathogens require PPE as determined by Medical Team and/or IPAC. |   | Contact + Droplet Precautions:<br>Impervious long sleeve gowns and eye protection and surgical masks. | Contact + Droplet + Airborne Precautions:<br>Impervious long sleeve gowns and gloves and eye protection and P2/ N95 masks. |
| Risk assess PPE requirements as per IPAC guidelines.  |   | *  | Specific Respiratory Precautions:<br>Non COVID-19 respiratory pathogens require PPE as determined by Medical Team and/or IPAC.                                       |   | Precautions:<br>Impervious long sleeve gowns and eye protection and surgical masks.                   | Precautions:<br>Impervious long sleeve gowns and eye protection and P2/ N95 masks.   |

| Version 1 COVID-19 GUIDELINE MATRIX FOR PPE SELECTION   |  |  |  |   |   |  |
|---|--|--|--|---|---|--|
| Facility COVID-19 risk level: HIGH  |  |  |  |   |   |  |
| COVID-19 transmission risk factors  |  |  |  |   |   |  |
| Likelihood of a patient having COVID-19   |  PATIENT RISK FACTORS<br>This represents the minimum level of PPE required. | PROCEDURAL RISK FACTORS<br>Indicates the PPE required for AGPs.<br>For low & very low likelihood patients this must be interpreted in the context of the clinical risk assessment. |  |   |   |  |
|   |  | No Infective Respiratory Illness   | Minimal Infective Respiratory Illness  | Significant Infective Respiratory Illness | Low Risk AGP  | High Risk AGP  |
|   | Proven or Probable<br>• Close contact with confirmed case OR<br>• Exposure to area of high transmission OR<br>• Strong clinical picture                        |  |  |   |   |  |
|   | Possible<br>• Casual contact with confirmed case OR<br>• Risk not assessable OR<br>• Clinically possible OR<br>• Test result pending                           |  |  |   |   |  |
|   | Low likelihood<br>• No recognised exposure or risk AND<br>• Clinically unlikely AND<br>• Alternative diagnosis   | #  |  | Requires COVID-19 testing                 |   |  |
|   | Very low likelihood<br>• No recognised exposure or risk AND<br>• Clinically unlikely or alternative diagnosis AND<br>• Negative test result                    | #  |  |   |   |  |
| This document pertains to the assessment risk for COVID-19, it does not replace clinical judgement for other conditions |  |  |  |   |   |  |
| Standard Precautions:<br>Risk assess PPE requirements as per IPAC guidelines.   |  | *  | Standard Precautions may also require Specific Respiratory Precautions:<br>Non COVID-19 respiratory pathogens require PPE as determined by Medical Team and/or IPAC. |   | Contact + Droplet Precautions:<br>Impervious long sleeve gowns and eye protection and surgical masks. | Contact + Droplet + Airborne Precautions:<br>Impervious long sleeve gowns and gloves and eye protection and P2/ N95 masks. |
| Risk assess PPE requirements as per IPAC guidelines.  |  | *  | Specific Respiratory Precautions:<br>Non COVID-19 respiratory pathogens require PPE as determined by Medical Team and/or IPAC.                                       |   | Precautions:<br>Impervious long sleeve gowns and eye protection and surgical masks.                   | Precautions:<br>Impervious long sleeve gowns and eye protection and P2/ N95 masks.   |

|   |   |  |   |  |
|---|---|--|---|--|
| Standard Precautions:<br>Risk assess PPE requirements as per IPAC guidelines. | * | Standard Precautions may also require Specific Respiratory Precautions:<br>Non COVID-19 respiratory pathogens require PPE as determined by Medical Team and/or IPAC. | Contact + Droplet Precautions:<br>Impervious long sleeve gowns and eye protection and surgical masks. | Contact + Droplet + Airborne Precautions:<br>Impervious long sleeve gowns and gloves and eye protection and P2/ N95 masks. |
|---|---|--|---|--|

### LOW RISK

Standard Precautions  
Transmission based  
Precautions based on risk  
assessment

### MODERATE RISK

Escalate PPE controls, targeted  
mask use for all HWs providing care  
within 1.5m in addition to standard  
precautions  
Patients & visitors to wear masks on  
presentation and during transit

### HIGH RISK

Escalate PPE controls  
Universal mask use by HWs  
Patients & visitors to wear masks  
on presentation and during  
transit



# COVID-19 Guideline PPE Guideline

In general, **contact and droplet precautions are the minimum precautions required** while you are caring for a symptomatic suspected or confirmed COVID-19 patient, **including during initial triaging.**

In addition to contact and droplet precautions, **airborne precautions are required for aerosol generating procedures (AGPs)** for suspected or confirmed cases, and when providing care for suspected or confirmed **cases with severe respiratory symptoms or that the patient is critically unwell.**

May 2020

# Current COVID-19 guidelines for respiratory protection of health care workers are inadequate

Guidelines need to reflect the mounting evidence for airborne transmission of SARS-CoV-2

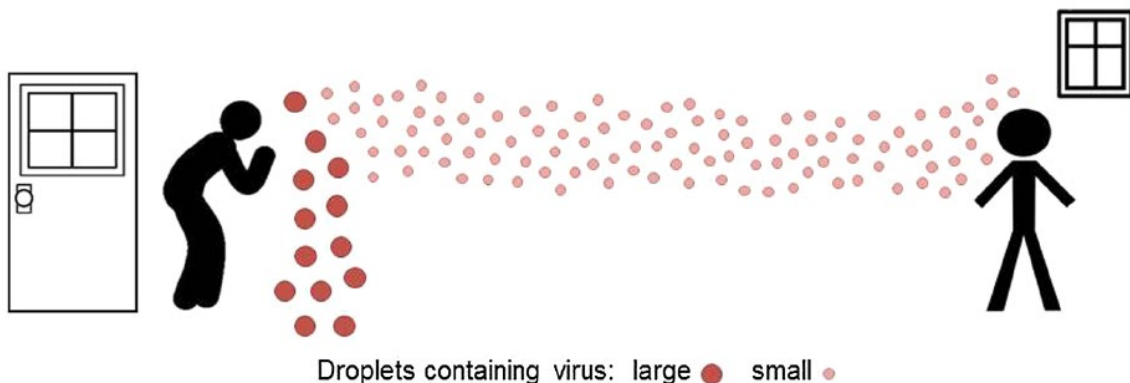
infected. We suggest that all health workers treating COVID-19 patients be provided airborne precautions, that the lessons of SARS are heeded and the precautionary principle be applied to health worker protection. We also require transparent national reporting of

August 2020

# SARS CoV2

Airborne or Droplet (N95 or Surgical Mask)

- ✓ SARS CoV1: Spread via air  
health facilities/aeroplanes
- ✓ SARS CoV2: Choirs  
Aged care (and not ICU)  
Cruise ships







Australian  
Nursing &  
Midwifery  
Federation

# **ANMF EVIDENCE BRIEF**

## **COVID-19: FIT TESTING AND FIT CHECKING FOR RESPIRATORS**

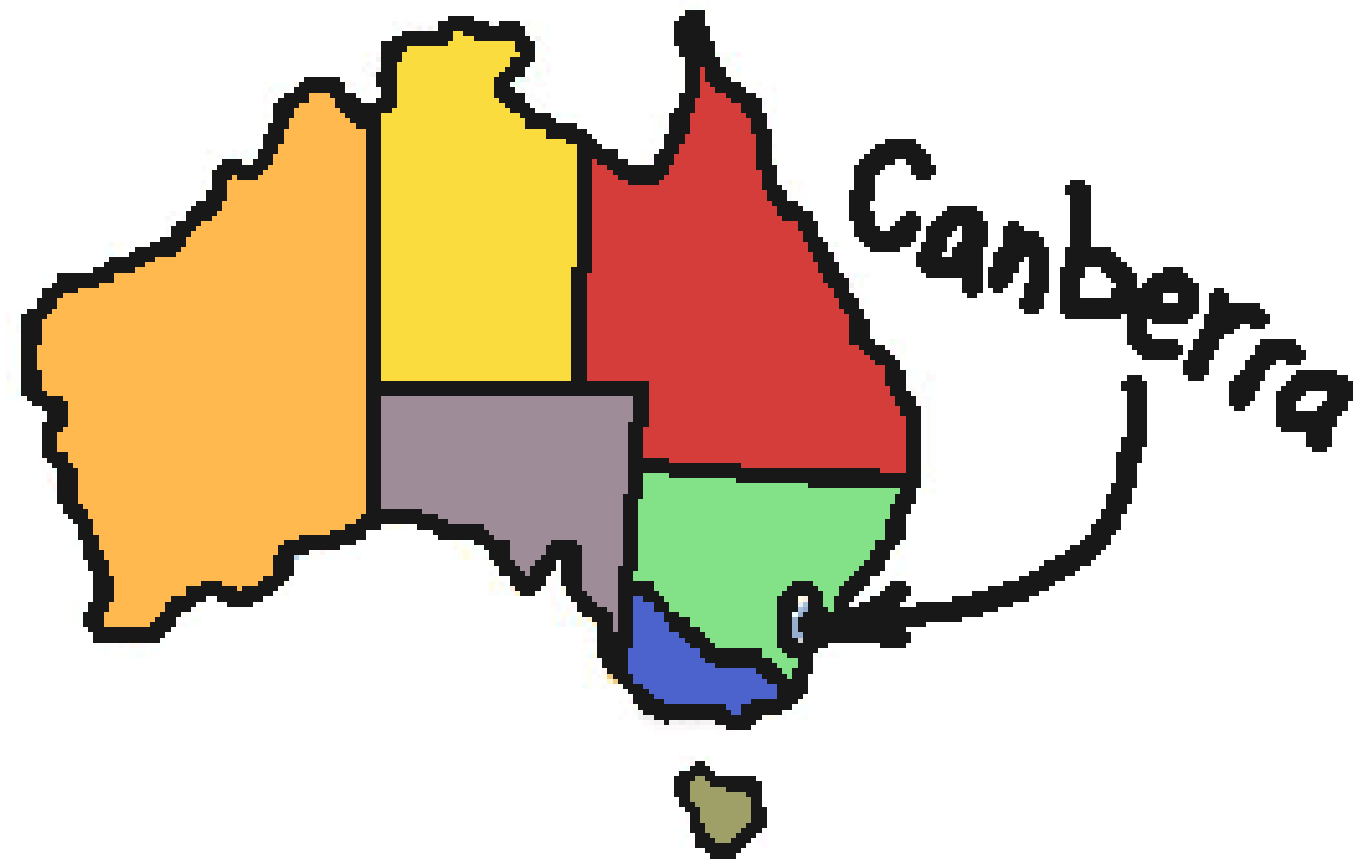


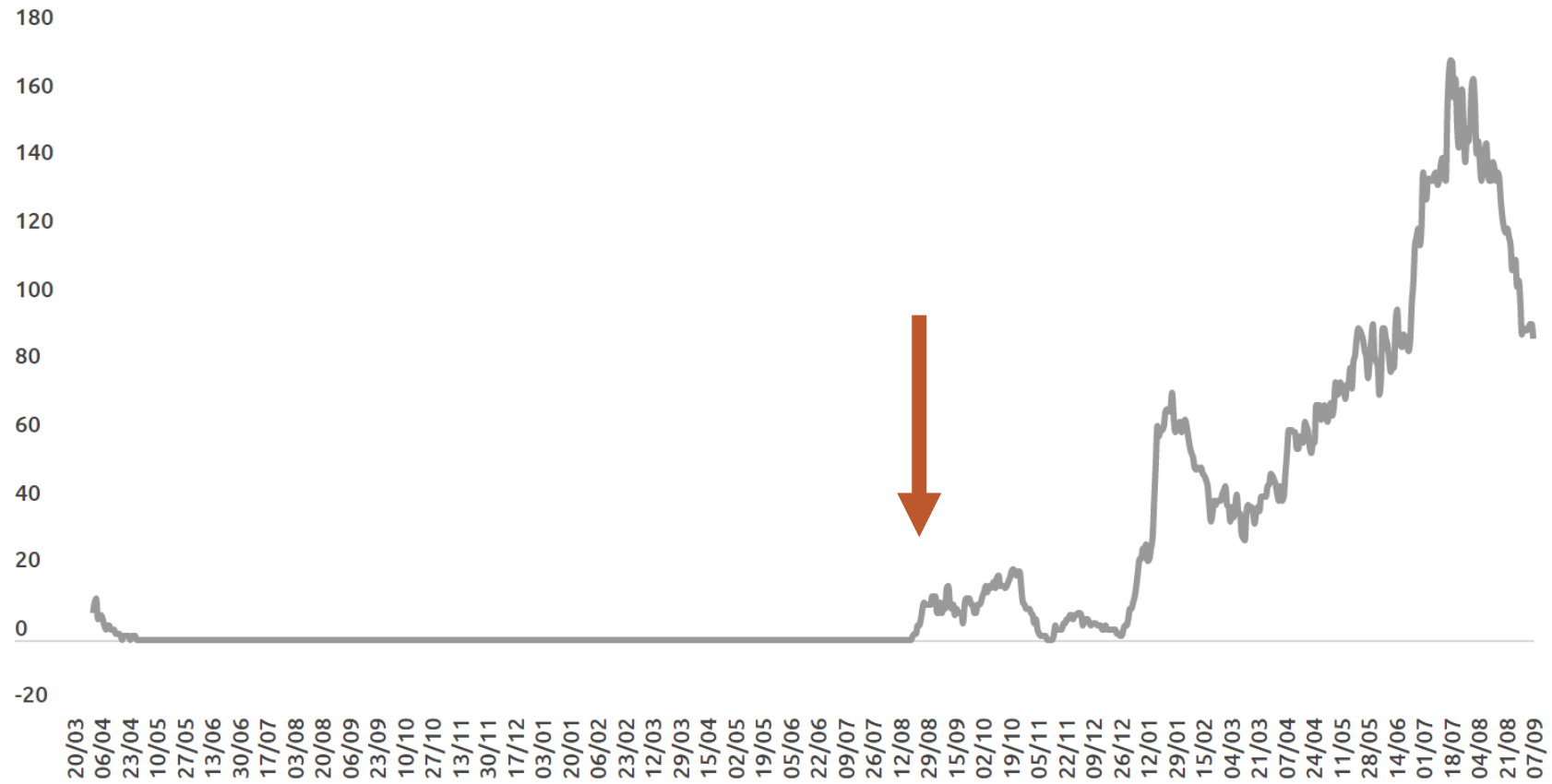
| Occupation                     | Healthcare acquired | Likely healthcare acquired | Not Healthcare acquired | Unable to be determined | Under investigation | Grand Total |
|--------------------------------|---------------------|----------------------------|-------------------------|-------------------------|---------------------|-------------|
| From 1 July 2020               | 1329 (59%)          | 214 (10%)                  | 128 (6%)                | 116 (5%)                | 468 (21%)           | 2255        |
| Aged care or disability worker | 674 (73%)           | 30 (3%)                    | 39 (4%)                 | 35 (4%)                 | 146 (16%)           | 924         |
| Medical practitioner           | 49 (46%)            | 14 (13%)                   | 4 (4%)                  | 15 (14%)                | 24 (23%)            | 106         |
| Nurse                          | 497 (54%)           | 144 (16%)                  | 48 (5%)                 | 41 (4 %)                | 192 (21 %)          | 922         |
| Other healthcare worker*       | 109 (36%)           | 26 (9 %)                   | 37 (12%)                | 25 (8%)                 | 106 (35%)           | 303         |

## Action 2 – Support for infection prevention control

As part of the ongoing review of best use of PPE, the PPE Taskforce has recommended broadening the setting for the use of N95 masks to include emergency departments, intensive care units, COVID-19 wards, aged care facilities and any other setting where COVID-19 patients are cohorted.

August 2020





# Hospitalisations



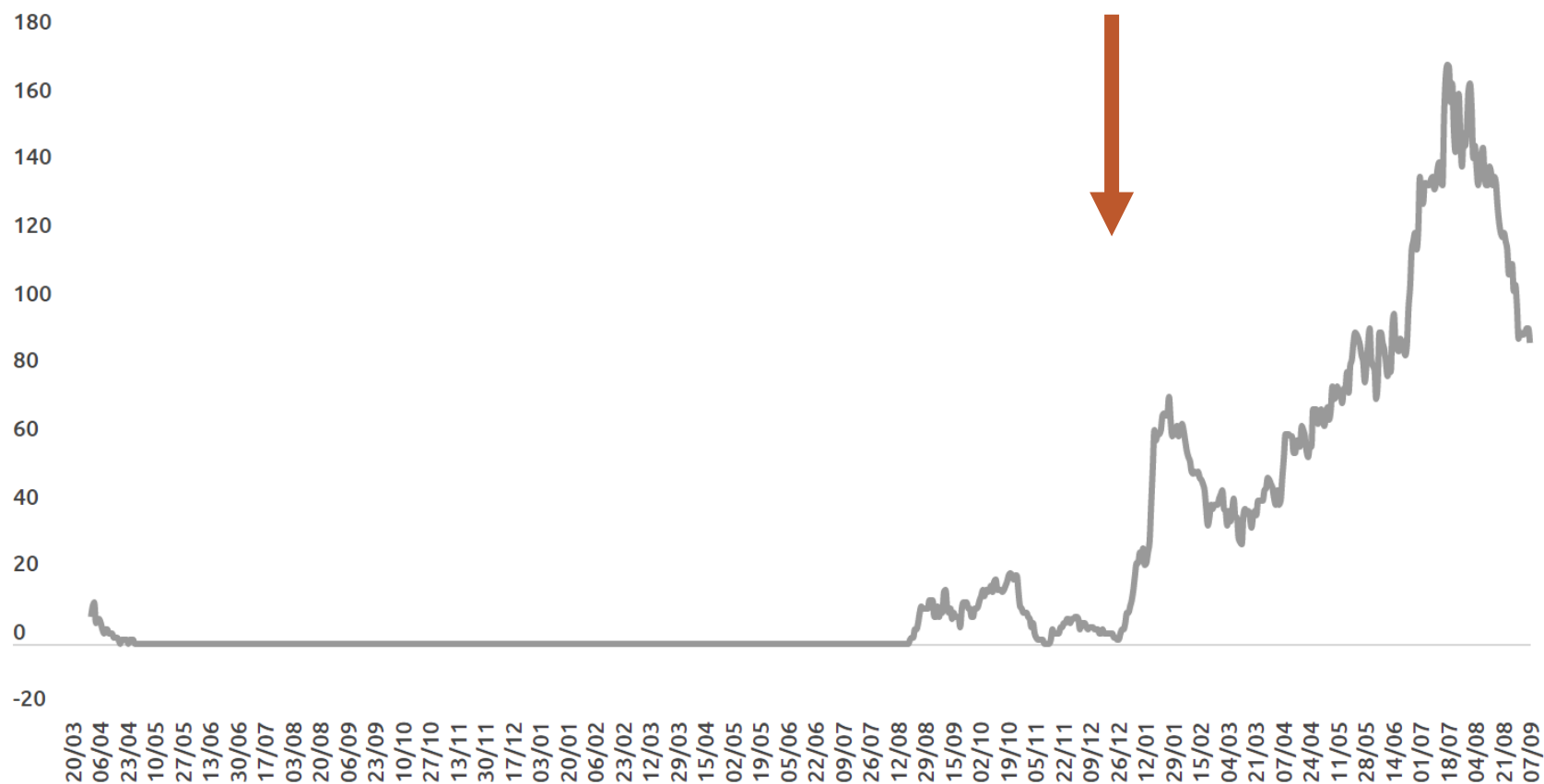


## CHECC ADVICE - Face mask requirements for staff working within ACT Healthcare Facilities Date: 16/08/2021 (V6)

Staff (incl. permanent, casual, students & contracted staff) working in the **Emergency Departments, designated COVID wards, 'COVID Red Zones', respiratory screening clinics/wards, performing Aerosol Generating Procedures (AGPs),** and those having **contact or providing care for a suspected or confirmed COVID-19 patient must:**

- wear a **disposable N95/P2 mask and face shield.**

August 2021



# Clinical Health Emergency Coordination Centre



## CHECC Advice No. 106 –

### Face mask requirements for staff working in ACT health facilities

Staff (including permanent, casual, students & contracted staff) working in public or patient-facing roles are required to:

- wear a **disposable N95/P2 mask and face shield**.
- Refer to *'Do's and Don'ts for wearing disposable N95/P2 masks'* and *'Using Protective Eyewear'*.

Staff (including permanent, casual, students & contracted staff) working in **non-patient or non-public facing administrative roles** (i.e. no contact with patients), and working outside/away from clinical or reception areas must:

- wear **disposable surgical masks** whilst inside the facility.

December 2021

## CHECC Advice No.120: COVID-19 Exposure Risk Matrix for ACT health facilities – indoor setting

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <p><sup>a</sup> Case means any confirmed positive case of COVID-19 (staff, patient, visitor, other).</p> <p><sup>*</sup> Incorrect mask use considered the same as "no surgical mask".</p> <p><sup>*</sup> Eye protection means face shield, visor, goggles or safety glasses (not personal or prescription glasses).</p> <p><sup>**</sup> Consider increasing risk category to Moderate if the case was symptomatic at time of exposure.</p> <p><sup>*</sup> Household contacts of a confirmed case must quarantine under the Public Health Direction and require a Public Health exemption (and health facility approval) to enter an ACT Health facility during their quarantine period.</p> <p>Recovered cases who are re-exposed <b>within 12 weeks</b> of their clearance from isolation do not need to quarantine or test. All exposure category decisions are based on a local risk assessment</p> |   |  |   |  |  |
|  |   | <p><b>Low risk scenarios</b><br/>Transient, less than 5 mins, less than 1.5m.</p> <p><b>OR</b></p> <p>Less than 2 hours distanced contact greater than 1.5m in a non-enclosed space or large room (e.g. meeting or conference room).</p> | <p><b>Medium risk scenarios</b><br/>Non-transient contact greater than 5 mins and less than 15 mins, face-to-face contact within 1.5m.</p> <p><b>OR</b></p> <p>More than 2 hours but less than 4 hours and distanced contact greater than 1.5m in a non-enclosed space or large room (e.g. meeting or conference room).</p> | <p><b>Medium-High risk scenarios</b><br/>Face-to-face contact within 1.5m and between 15 minutes and 60 minutes e.g. direct patient care, meeting in small office or small tearoom.</p> <p><b>OR</b></p> <p>More than 4 hours and distanced contact (greater than 1.5m) in a non-enclosed space or large room (e.g. meeting or conference room).</p> | <p><b>Highest risk scenario</b><br/>Prolonged face-to-face contact within 1.5m and greater than 60 minutes (cumulatively)</p> <p><b>OR</b></p> <p>Aerosol generating procedures or behaviours (coughing / screaming)</p> <p><b>OR</b></p> <p>Prolonged clinical procedures</p> <p><b>OR</b></p> <p>Contact with multiple COVID-19 cases / suspected cases / probable cases</p> <p><b>OR</b></p> <p>Household contacts<sup>a</sup>.</p> |
| PPE WORN BY CONTACT AND CASE DURING EXPOSURE   | Contact: No effective PPE<br>Case: With or without mask   | Moderate   | Moderate  | High   | High   |
|  | Contact: Surgical mask only<br>Case: No surgical mask <sup>*</sup>  | Low  | Moderate  | High   | High   |
|  | Contact: Surgical mask and eye protection <sup>*</sup><br>Case: No Surgical mask <sup>*</sup>                             | Low  | Moderate  | Moderate   | High   |
|  | Contact: Surgical mask only<br>Case: Surgical mask <sup>*</sup>   | Low  | Low   | Moderate   | High   |
|  | Contact: Surgical mask and eye protection <sup>*</sup><br>Case: Surgical mask <sup>*</sup>                                | Low  | Low   | Moderate   | High   |
|  | Contact: P2/N95 only<br>Case: No mask   | Low  | Low**   | Moderate   | High   |
|  | Contact: P2/N95<br>Case: Surgical mask <sup>*</sup>   | Low  | Low   | Moderate   | Moderate   |
|  | Contact: Surgical mask <sup>*</sup><br>Case: P2/N95   | Low  | Low   | Moderate   | Moderate   |
|  | Contact: P2/N95 and eye protection <sup>*</sup><br>Case: With or without Surgical mask <sup>*</sup>                       | Low  | Low   | Low  | Low  |
|  | Contact: Full PPE: P2/N95 + eye protection, gown, gloves: no breaches<br>Case: With or without surgical mask <sup>a</sup> | Low  | Low   | Low  | Low  |

NOTE: Where the Contact has no mask and the Case has a P2/N95 mask, risk assessment needs to be highly individualised

## CHECC COVID-19 Exposure Risk Assessment Matrix – Risk Category Actions

| LOW   | MODERATE  | HIGH RISK   |
|---|---|---|
| <p><b>Action</b></p> <p>Continue to work if asymptomatic.</p> <ul style="list-style-type: none"> <li>• Preferably work from home and/or virtual rather than face-to-face, where appropriate.</li> <li>• Wear a P2/N95 mask and eye protection at all times, unless eating and drinking.</li> <li>• May work across sites if required.</li> <li>• Monitor for symptoms closely and leave work immediately if symptomatic and undertake a PCR test and await the result.</li> </ul> | <p><b>Action</b></p> <p>Continue to work if asymptomatic.</p> <ul style="list-style-type: none"> <li>• Preferably work from home and/or virtual rather than face-to-face, where appropriate.</li> <li>• Undertake an <b>initial PCR test</b> on notification and at least 48 hours post exposure if initial test was done within 48 hours of exposure (or as directed)</li> <li>• You may continue to work while awaiting result if asymptomatic.</li> <li>• Continue to monitor for symptoms.</li> <li>• Undertake a <b>Day 6 PCR test AND</b> Until Day 14 post exposure adhere to the following risk mitigation measures: <ul style="list-style-type: none"> <li>○ Should not work in clinical areas where there are patients who are most at risk of severe disease if possible<sup>a</sup></li> <li>○ Wear a P2/N95 mask with designated eye protection at all times</li> <li>○ Do not eat or drink in shared spaces such as tearooms, and do not participate in any staff gatherings in the workplace where masks are likely to be removed</li> <li>○ Work on one site only</li> <li>○ Monitor for symptoms closely and leave work immediately if symptomatic and undertake a PCR test and await the result.</li> </ul> </li> </ul> | <p><b>Action</b></p> <p>Do not attend a workplace for 7 days post exposure.</p> <ul style="list-style-type: none"> <li>• If exposure was ≥ 24 hours ago, leave work immediately</li> <li>• If exposure was &lt; 24 hours ago, leave work as soon as practicable</li> <li>• Undertake an initial PCR test on notification and at least 48 hours post exposure if initial test was done within 48 hours of exposure (or as directed) and quarantine for 7 days.</li> </ul> <p><b>During critical workforce shortage as deemed by the health facility, a health care worker may voluntarily agree to return to work in the following circumstances:</b></p> <p><u>High Risk (non-household contacts)</u></p> <ul style="list-style-type: none"> <li>• With health facility exemption may return to work on or after Day 3 with a negative initial Day 2 PCR test.</li> <li>• Daily RAT up to and including Day 6 <b>AND</b></li> <li>• Day 7 PCR test <b>AND</b></li> <li>• Risk mitigation measures outlined below.</li> </ul> <p><u>Household contacts<sup>a</sup> who are able to appropriately separate</u> from the active case during their quarantine period and where there is a critical shortage of their specific skill set:</p> <ul style="list-style-type: none"> <li>• With Public Health and health facility exemption may return to work on or after Day 3 with a negative initial Day 2 PCR test.</li> <li>• Daily RAT up to and including Day 6 <b>AND</b></li> <li>• Day 7 PCR test <b>AND</b></li> <li>• Risk mitigation measures outlined below.</li> </ul> <p><u>Household contacts<sup>a</sup> who are unable to appropriately separate</u> from the active case during their quarantine period:</p> <ul style="list-style-type: none"> <li>• With a health facility exemption may return to work on or after Day 8 with a negative Day 6 PCR test <b>AND</b></li> <li>• Risk mitigation measures outlined below.</li> </ul> <p><b>All high-risk contacts must</b> adhere to the following risk mitigation measures<sup>**</sup> until Day 14 post exposure:</p> <ul style="list-style-type: none"> <li>• Should not work in clinical areas where there are patients who are most at risk of severe disease<sup>a</sup></li> <li>• Wear a P2/N95 mask with designated eye protection at all times</li> <li>• Do not eat or drink in shared spaces such as tearooms, and do not participate in any staff gatherings in the workplace where masks are likely to be removed</li> <li>• Work on one site only</li> <li>• Monitor for symptoms closely and leave work immediately if symptomatic and undertake a PCR test and await the result.</li> </ul> |

<sup>\*\*</sup> A health care worker who lives with someone who has COVID-19 symptoms and is awaiting a COVID-19 test result, may attend work during a critical workforce shortage if they are asymptomatic, receive a negative RAT result and adhere to the high-risk contact risk mitigation measures, until the household member returns a negative result. No exemption to enter the facility is required in this period.

3

# Exposure Risk Matrix

# Supporting Data: Exposure Risk Matrix

|                     | Number    | Days off work    | Confirmed HCW Acquisitions |
|---------------------|-----------|------------------|----------------------------|
| Incidents           | 85        |                  |                            |
| Staff risk assessed | 1555      |                  |                            |
| Risk                |           |                  |                            |
| Low                 | 702 (47%) | 0                | 0                          |
| Low to moderate     | 564 (37%) | 0                | 0                          |
| Moderate            | 52 (3%)   | 260 (37 weeks)   | 0                          |
| High                | 187 (12%) | 2618 (374 weeks) | 2                          |

# Conclusion

- Not always clear what facts was guiding/driving the decision making on type of PPE
- Perception that changes in type of PPE was driven by the number of health care worker infections
- Apparent lack of data determining whether our health care workers were kept safe
- Decisions were jurisdictionally based
- Heavy reliance on staff being vaccinated
- Decisions needed to include a wider base of science





