Permissions and Restrictions for Essential Workers – Interim Guidance

This guidance provides a process to support safe decision making when determining whether to place work permissions/restrictions on a worker after a COVID-19 exposure in the context of an outbreak and community transmission of COVID-19. This guidance applies to the following essential services, as defined in Attachment A. These include:

Priority	Sector
Immediate attention	Transport, freight, logistics and service stations.
Priority 1	 Health, welfare, care and support (including production and provision of medical, pharmaceutical and health supplies), Emergency services, safety, law enforcement, justice and correctional services, Energy, resources and water, and waste management, Food, beverage, and other critical goods (including farming, production, and provision of, but excluding hospitality), Education and Childcare, and Telecommunications, data, broadcasting and media.
Priority 2	 Financial and insurance services, Critical government functions, federal, state or local government and public works, Essential research, Building and construction, Accommodation and real estate, and Functions that support the above.

The interim guidance considers the current context of the pandemic, including the significant vaccination coverage in Australia, the commencement of booster vaccination, the emergence of Omicron, and likely future progression. In view of the increased transmissibility of the Omicron variant, the expected higher number of incident cases in the community, and the majority with mild to moderate illness, the revisions allow for greater flexibility in balancing the need to reduce transmission against a detrimental loss of workforce and impact on essential functions.

This interim guidance draws on a more long term protocol currently under development through engagement with Commonwealth and State and Territory Governments, and industry.

These essential services should ensure that eligible staff have received a booster vaccination when eligible and engage in ongoing education and training to self-monitor for COVID-19 symptoms and not attend work when unwell through an ongoing process of training and communication. QR code check-ins should be maintained to allow for rapid identification of any high-risk transmission events.

Employers should apply risk management approach using the hierarchy of control framework to minimise and manage the risk of transmission of COVID-19. A system-based risk managed

approach that applies appropriate mitigations reduces the risk of exposure. However, it is acknowledged that in the context of community transmission risk cannot be eliminated and that exposures will occur.

Employers are responsible for assessing and applying this guidance when an exposure occurs in a work setting. Employers are also responsible for considering the impact on the workforce as part of the outcomes of assessment in both circumstances and are responsible for being familiar with, and operationalising this guidance as part of their COVID management plan. Employers should be prepared to make assessments on their own, in line with COVID Management Plans, in instances where Public Health Unit (PHU) advice is not available.

Decisions regarding work permissions and restrictions for the worker should be accurately documented and decisions regularly reviewed by the provider in the context of the evolving local epidemiological and public health situation. If large number of workers are affected by community transmission (as a case or contact) or an outbreak escalates, it may be necessary to review the recommended restrictions to facilitate continuation of essential services.

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

Work permissions and restrictions for workers who are case contacts

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

Steps for employer:

- 1. Determine worker exposure and type of contact
- 2. Assess the impacts of work restrictions on safe, ongoing, service delivery
- 3. Once exposure and impact determined, refer to Table 1
- 4. Document all decisions and actions
- Regular review of decisions and workplace situation occurs, considering evolving local epidemiological and public health situation. This may result in escalation to facilitate continuation of essential services or de-escalation if service demand decreases to manageable levels.

COVID-19 case contact

COVID-19 Low-risk exposure /contact

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

COVID-19 High-risk exposure / contact

If an essential worker has been exposed to a COVID-19 case in a household or household like setting, high risk work permission and restrictions may be applied as per <u>Table 1</u>.

COVID-19 high risk exposure in a workplace setting in the context of a declared outbreak

Where an essential worker has been exposed to COVID-19 case in a workplace setting where the risk of exposure is defined as high in accordance with applicable state regulations, which may include for example:

- have had at least 15 minutes face to face contact where a mask was not worn by exposed person or the person with COVID,
- greater than 2 hours within a small room with a case during their infectious period, where masks have been removed for this period.

Management of high-risk contacts in the context of essential services

High levels of community transmission or an outbreak of COVID-19 may result in significant pressures on essential services including workforce shortages due to furloughing requirements and elevated demand.

Permissions and restrictions for asymptomatic, high-risk contacts should only be applied as a contingency strategy. Work permissions in these circumstances must be approved by an appropriate delegate. Workers will need to fulfil all other quarantine requirements in their jurisdiction when not at work.

Appropriate delegates will need to determine escalation and de-escalation of management of contacts as impacts increase or decrease to services.

Alternative mitigations to consider when adjusting restrictions to support the continued essential services

- Employers support all workers to self-monitor for COVID-19 symptoms and not attend work when unwell through an ongoing process of training and communication.
- In consultation with workers, workplaces should develop clear policy to define screening and/or testing protocols and inform decision making.
- Additional controls using the hierarchy of controls and may include additional PPE-in line with local requirements and your risk assessment.
- Consider altering the frequency and/or timing of Rapid Antigen Test (RAT) (such as at commencement of a shift).
- Diligence with routine cleaning of shared equipment. E.g. phones and computers and maintaining physical distance where possible.
- No shared break areas, car-pooling, and avoidance of public transport.
- Adjusting rosters to minimise risk of transmission.

Circumstances must include the following:

- Employer understanding of the minimum number of staff required to provide stable supply of essential services.
- Current understanding of local community transmission levels.
- Contingency capacity strategies to mitigate staffing shortages have been activated and applied to mitigate staff shortages. E.g., shifting of staff to support, delaying leave, addressing social factors that may prevent staff attending work (transport, accommodation, childcare).
- Actions taken to recruit and identify additional staffing.
- Capacity is under significant strain and alternative options for support have been exhausted.
- The health and wellbeing of staff members is of critical importance. The ability to return to work is an exemption and optional for workers.
- The worker is able to return to work in accordance with Table. 1. A risk assessment should be undertaken to inform relevant controls.
- All workers are provided with relevant guidance around symptoms and required actions if they develop symptoms or test positive.

Where these adjustments are insufficient, and further action is needed to support the continued delivery of essential health services, additional work permissions may be considered.

In these circumstances, work permissions and restrictions for high-risk contacts when there is high impact on service delivery should be time limited and regularly reviewed as the situation evolves. Where demand on service decreases to manageable levels, work permissions should be shifted back to 'low impact on services'.

Table 1: Recommended work permissions and restrictions management as determined by exposure risk and impact on safe service delivery

Low-risk contacts **High-risk contacts** If symptomatic, symptoms develop: Isolate for 7 days since last contact with COVID-19 case. Follow public health orders of jurisdiction. If you have symptoms at Day 6, you must stay at home until symptoms are gone. If you test positive D6, quarantine for a further 7 days. Positive COVID-19 test result - case management: Isolate 7 days, RAT self-test D6. If negative and asymptomatic RTW with additional requirements. Remain vigilant for symptoms. Immediately quarantine for 7 days since last contact **Normal** Continue to work, remain vigilant for symptoms, test and isolate immediately if these occur. with COVID-19 case. essential service RAT self-test Day 1 and Day 6 Surveillance testing: settings Return to work (RTW) after 7 days of Surveillance testing can be a useful tool in quarantine and when day 6 test result returns the context of a specific industry. Industry negative and asymptomatic. can manage their WHS risk through RAT use Continue to monitor for symptoms for a total if deemed appropriate. 14 days from exposure Apply additional requirements on RTW as Additional: below. surgical masks and in other circumstances^ other PPE may be required. Break areas separated, well ventilated and Team Members (TM) eat distanced by 1.5m wear a mask while travelling to work Suggested controls (controls should be based on Asymptomatic: High impact on essential local risk assessment): Continue to work if negative day 1 RAT* RAT at every second day until Day 6 service Work in surgical mask and in other Monitor for symptoms, test, and isolate settings circumstances^ other PPE may be required. immediately if symptoms develop. *Critical risk to Break areas separated# (consider cohorting Must quarantine outside of work until cleared service delivery of staff), well ventilated and physical or negative test day 6-7, Requires senior distancing observed Continue to monitor for symptoms for a total management Limit work to a single site and area (where 14 days from exposure. determination the workplace has distinct areas) If possible, travel alone to work. If not If negative: **Essential** possible, wear a mask while car-pooling or RAT self-test Day 1 and every second day services/supply using public transport. until Day 6 are disrupted Continue to monitor for symptoms for a total 14 days from exposure If positive RAT: Isolate and follow protocol in red box. If become symptomatic: Immediately guarantine and take RAT test. Follow protocol in red box. See additional suggested controls in low risk contacts but controls should be based on local risk assessment.

- ^ Where fitted PPE is warranted, available and training has occurred.
- * If required testing unavailable, worker must not attend the workplace.

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

Attachment A: Essential workers/ services list

Essential services or functions (broad	Essential workers (sub category) Including workers that provide:
category)	mondaring workers that provide.
Health, welfare, care and support (including production and provision of medical, pharmaceutical and health supplies), including:	 Healthcare, including allied health Dental Care Therapy (e.g. physiotherapy, remedial massage, Eastern medicine, mental health support) Clinics/laboratories Blood/plasma donation Medical, pharmaceutical and health supplies (including PPE) Housing/homelessness support Drug and alcohol services Disability/vulnerable persons support Residential aged care Veterinary, animal welfare and accommodation End of life services (including crematorium, cemetery, mortuary services) Critical Ancillary support services
Food, beverage, and other critical goods (including farming, production, and provision of), including:	 Farming and agriculture Essential food, drink, groceries Pet/animal supplies Critical Ancillary support services But excluding hospitality
Transport, freight and logistics, including:	 Road, rail, air and sea transport services Transport operations Delivery services Distribution centres Port operations (including airports) and import/export Post offices Removalist services Vehicle repairs and maintenance including disinfection, roadside assistance and towing Service stations Critical Ancillary support services
Energy, resources and water, and waste management, including:	 Energy supply (electricity, liquid fuels, gas) Water supply, sewerage, sanitation and drainage Supply of resources, including mining and FIFO workers Waste resource recovery (including collection, treatment, storage and disposal services) Critical Ancillary support services
Telecommunications, data, broadcasting and media, including:	- Telecommunications services - Broadcasting - Critical Ancillary support services
Financial and insurance services, including:	- Banking services - Insurance services - Critical Ancillary support services
Education and Childcare, including:	- Education and schooling services - Early childhood education and care - Critical Ancillary support functions
Critical government functions, federal, state or local government	 Administration of social benefits, workers compensation, child support, Medicare Conduct of elections Functions/requirements of Australian parliament Operation, inspection, maintenance of public property, land and infrastructure (e.g. roads)

Essential services	Essential workers (sub category)
or functions (broad category)	Including workers that provide:
and public works, including:	- Regulatory activities
g.	- Critical Ancillary support functions
Emergency services, safety, law enforcement, justice and correctional services, including:	- Police, fire and rescue, ambulance, and other emergency, safety and crisis response
	- Defence and national security
	- Operation of courts/tribunals, correctional centres
	- Legal services
Corviced, morading.	- Critical Ancillary support functions
	- Research essential to public health, and Australia's society and economy
Essential research,	- Continuation of research that cannot be shut-down and restarted
including:	- Research involving clinical trials and animal facilities
	- Critical Ancillary support functions
	- Urgent repairs or maintenance
Building and	- Completion of building or construction in progress, to the extent to ensure that construction sites are safe and stable
construction, including:	- Building and construction work to enable or support essential functions (e.g. health and quarantine facilities)
	- Critical Ancillary support functions
	- Private inspections to facilitate new leases, end of lease, or the sale of a property
Accommodation and	- Conduct of online auctions, and processing of sales and lease agreements.
real estate, including:	 Accommodation for existing guests, essential workers, for welfare purposes, or for quarantine
	- Critical Ancillary support functions