Australian Government
Department of Health

Work Permissions and Restrictions Framework for Workers in Health Care Settings

This framework supports safe decision making when determining whether to place work permissions/restrictions, independent of quarantine, on a worker after a COVID-19 exposure in a health care setting in the context of an outbreak and community transmission of COVID-19.

Workers in health care settings include a broad array of workers including public, private, and primary care health settings. This includes workers in:

- Public health settings (e.g. public hospitals, public health clinics, ambulance services, and patient transport services)
- Private health settings (e.g. private hospital, day procedure centre or specialist outpatient services)
- Private provider facilities (e.g. general practitioners, private nurse offices, community pharmacies, consulting offices)
- Education settings in which health care students are managed to undertake placement, registration and/or internships in clinical settings

This also includes disability care workers and residential care workers, and associated students within these settings.

Health care services should apply a broad 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 in health care settings. However, it is acknowledged that risk cannot be eliminated and that exposures will occur.

Health services, supported by the local PHU, are responsible for considering when work permissions and restrictions are required. Health Services and Jurisdictional Departments of Health are also responsible for operationalising these guidelines including defining the reporting and escalation requirements (e.g., if multiple health services are involved) internally.

Work permissions and restrictions framework (the Framework)

The Framework provides a process and tools to support exposure assessment, work restriction and return to work decision making for workers in health care settings. The Framework is designed for workers in health care settings who have had an individual risk assessment completed after exposure to suspect or known COVID-19 case within a health care setting.

Health care managers are encouraged to be familiar with the Framework and additional jurisdictional requirements. Where possible, identify appropriate contacts to be involved in assessment teams in advance and consider training in relation to the Framework. Consider locally applying a process of monitoring and evaluation, in line with jurisdictional requirements.

The Framework includes three steps:

1. Undertake an individual risk assessment for workers in health care settings after potential exposure to a suspect or known COVID-19 case within the health care setting.
   - Assessment is conducted by appropriately trained and skilled local teams from health service providers and residential care facilities (including disability services) in collaboration with the public health unit (PHU) and other specialties where available and required (e.g. Infection Prevention and Control (IPC) Units, Work Health and Safety Units, Infectious Diseases Physicians).
   - Consultation should include hospital and health service operational managers, where relevant, to provide guidance on staff dynamics, workplace layouts, staffing pressure and other factors as required
   - Tools to assist the assessment at this stage are available at:
     - Table 1 – Workers in health care settings exposure risk matrix for workers who are fully vaccinated for COVID-19
     - Table 2 – Workers in health care settings exposure risk matrix for workers who are unvaccinated or partially vaccinated for COVID-19
     - Table 3 – Personal Protective Equipment (PPE) breach risk assessment and actions
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.
   - Tools to assist the assessment at this stage are available at:
     - Table 4 – Recommended work restrictions and permissions as determined by risk.

Once these steps have been completed, the health service should work with the worker and supervisor to implement appropriate actions. These actions should be in line with public health policy and directives from the Chief Health Officer. Where final actions deviate from the recommended work restrictions and permissions (Table 4), this must be approved by the relevant delegate or Chief Health Officer.

Decisions should be regularly reviewed in the context of the evolving local epidemiological and public health situation. If an outbreak escalates, it may be necessary to review a worker in a health care setting's work restrictions and permissions to facilitate continuation of essential health services.

STEP 1: Undertake an individual risk assessment of affected workers in health care settings and determine level of exposure

Factors to be considered when undertaking an individual risk assessment are:

Details of exposure event (type, dose, time):

- Case details (infectious period, transmission risk, behaviour's, vaccination status, information on viral load (CT values) if available)
- Type of exposure: types of care or potential behaviours that increase the risk of COVID-19 transmission
- Details of related transmission events in the outbreak
- Amount of cumulative time the worker has occupied the same shared space as the case including type and proximity
- Vaccination status: unvaccinated, partially vaccinated, fully vaccinated
- Staff mobility: Work across multiple facilities highly mobile within the facility, work in high-risk area.

Details of mitigations in place:

- Vaccination status of the worker (unvaccinated/ partially vaccinated/ fully vaccinated)
- PPE and IPC: correct use of appropriate PPE and IPC precautions by the case and worker

Risk assessments should be made on a case-by-case basis by local health service staff in consultation with the PHU and other relevant staff. In most circumstances, exposure risk should be determined using the appropriate health care worker exposure matrix based on vaccination status (Table 1 for fully vaccinated OR Table 2 for partial or unvaccinated).

In some circumstances, the exposure matrices provide an option of moderate or high risk, to reflect that a qualitative assessment is required to determine the appropriate level of exposure. In other circumstances, the matrix provides a clear indication of the exposure risk, however this remains subject to a case-by-case assessment. For example, in circumstances where the worker in a health care setting is immune-compromised, it may be necessary to increase the risk profile (e.g., a fully vaccinated worker may be assessed using the unvaccinated risk matrix).

Final decisions should be informed by a qualitative assessment considering variety of factors, as outlined in Steps 2 and 3. Once a risk assessment, based on the above considerations, has been conducted, it is important to characterise the situational context of the exposure to help understand the impact of a potential transmission event and whether situational factors may further mitigate or increase the level of exposure and associated risk.

Factors to consider when characterising the situational context:

- Type of work location, role, and environment (e.g., use of shared equipment, shared/communal spaces, high risk setting/persons, whether indoors or outdoors, level of vaccination coverage of workers in a health care setting)
- Other workplace mitigations in place during time of potential exposure (physical barriers, negative pressure rooms, ventilation characteristics in the relevant rooms/spaces and additional HEPA air filtration)
- Vulnerability of population (workers in health care setting and patients)
- Additional controls and residual risk of transmission in the setting (e.g. daily testing programs).

Based on these situational factors, the assessment team should consider whether the exposure risk should be amended and the worker's level of exposure risk reclassified. This will inform the final individual risk assessment, prior to moving to Step 2.

STEP 2: Assess the impacts of the work restrictions

Health services and their IPC staff, with support of PHUs, are responsible for operationalising and tailoring this guidance. This may involve consultation with other specialties where available, such as Work Health and Safety units and Infectious Diseases Specialists. While this framework cannot capture all the nuance and influential factors that may arise, the framework notes that there will be circumstances in which it is not possible to apply the recommended work permissions and restrictions as determined by the level of risk (outlined in Step 3).

In determining the final work restrictions and permissions for a staff member, the impact of these restrictions on the health services must be assessed. For example:

- If the majority or all staff in a highly specialised area are exposed
- If in a rural or regional setting where only a few staff members possess specialised skills
- If the health care service has a significant caseload without additional staff to engage.

In the first instance, health services should consider whether staff furlough can be compensated through rostering arrangements. Where possible, staff members requiring quarantine or furlough should be removed from the roster or replaced for their furlough/quarantine period.

Where this would significantly impact on the ongoing safe delivery of services, alternative rostering arrangements should be considered. This may involve:

- Redeployment of staff (e.g., accessing staff from other areas of a facility or bringing staff in from other facilities to fill roster gaps)
- Reducing hours of service operation if this can be managed whilst safely providing essential services
- Diverting patients to another facility, where this can be safely managed without overwhelming other essential health services
- Reducing the scope of service provision to only provide the highest priority care (e.g., delaying non-critical services)

Where these actions are not possible or would result in a significant disruption of essential services, it may be necessary to implement alternative mitigations so that staff members may continue working and providing essential services (see Step 3). In these circumstances, if the workforce impact is considered critical, health care services should work with the Public Health Unit to ensure their unique circumstances are considered and that appropriate mitigations are implemented (see Step 3).

STEP 3: Once exposure risk is determined, refer to the recommended work permissions and restrictions action matrix

After undertaking an individual risk assessment (Step 1) and considering impacts of work restrictions (Step 2), the assessment team should allocate a ‘risk assessment outcome’ to the worker (low, low to moderate, moderate or high). Based on the risk assessment outcome, the assessment team should consider the recommended work permission and restrictions, taking into account the impacts of these restrictions for the health care setting.

Where a worker is assessed as moderate or high risk, the Public Health Unit may recommend they undertake a period of quarantine. Where possible, workers who are advised to quarantine should complete the required quarantine period and should not attend work whilst in quarantine. However, noting that this may not be possible due to work requirements (as identified in Step 2), it may be necessary to implement mitigations so that workers may continue to work or have a reduced quarantine period.

In some circumstances, these arrangements may result in a worker who is in quarantine due to being a close contact being able to work (pending results of PCR testing) prior to being released from quarantine. This may be necessary due to substantial workforce impacts associated with the worker needing to quarantine. Workers should adhere to the guidance of the Public Health

Unit. In some cases, this may involve attending work with appropriate mitigations, however being restricted from movements within the community.

The minimum recommended work permissions and restrictions for workers based on their risk assessment outcomes are outlined in Table 3. Final work permissions and restrictions should be determined in a case-by-case basis, in line with jurisdictional requirements. Additional mitigations may include:

- Daily or more regular screening requirements
- Daily testing requirements
- Additional PPE requirements
- Minimising risk of exposure to vulnerable people
- Adjusting staff rosters to minimise risk to patients and/or exposure of other staff (e.g., exposed workers tending to COVID-19 cases)

In determining the recommended work permissions and restrictions, the assessment team should also consider the work environment and individual circumstances of the worker. Adjustments to work permissions and restrictions may be required, and in some circumstances, this may involve adjusting the minimum requirements as outlined in Table 3. For example, in regional settings it may not be feasible to require daily saliva testing (recommended for high risk). In these circumstances, the assessment team may consider removing this requirement or implementing alternative arrangements.

Where the final recommended work permissions and restrictions deviate from the recommended minimum requirements (Table 4), this must be approved by the relevant delegate or Chief Health Officer. Decisions regarding the recommended work permissions and restrictions for the worker in a health care setting should be carefully documented. Decisions should be regularly reviewed in the context of the evolving local epidemiological and public health situation. If an outbreak escalates, it may be necessary to review the recommended restrictions to facilitate continuation of essential health services.

Table 1: Workers in health care settings exposure risk matrix – Fully vaccinated for COVID-19

Note: This table represents minimum national recommendations. Jurisdictions may implement additional requirements above these minimum national recommendations.

		EXPOSURE EVENT SCENARIO[#]			
NB: All exposure category decisions are based on a local risk assessment Case = Any confirmed positive case of COVID-19 (co-worker, patient, or other)		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 confirmed case **OR** Non-transient distanced contact in an indoor space.	**Highest Risk Scenario**: Providing direct care to a case **OR** Non-transient face-to-face contact with a confirmed 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 to Moderate Risk	Moderate Risk	High Risk	
	Staff: Surgical mask only Case: No surgical mask	Low Risk	Low to Moderate Risk	High Risk	
	Staff: Surgical mask + eye protection* Case: No surgical mask	Low Risk	Low to Moderate Risk	Moderate Risk Depending on risk assessment	High Risk Depending on risk assessment
	Staff: Surgical mask only Case: Surgical mask§	Low Risk	Low Risk	Moderate Risk Depending on risk assessment	High risk Depending on risk assessment
	Staff: Surgical mask + eye protection* Case: Surgical mask§	Low Risk	Low Risk	Low to Moderate Risk Depending on risk assessment	Moderate Risk Depending on risk assessment
	Staff: P2/N95 + eye protection* Case: With or without surgical mask	Low Risk	Low Risk	Low Risk	
	Staff: Full PPE – P2/N95, eye protection, gown, gloves; no breaches Case: With or without surgical 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'. For cases, P2/N95 mask use 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: Workers in health care settings exposure risk matrix – Unvaccinated or partially vaccinated for COVID-19

Note: Mandatory vaccination requirements for workers in health care settings will be set by jurisdictions.

Note: This table represents minimum national recommendations. Jurisdictions may implement additional requirements above these minimum national recommendations.

<table>
<tr><td colspan="2">NB: All exposure category decisions are based on a local risk assessment
Case = Any confirmed positive case of COVID-19
(co-worker, patient, or other)</td><td colspan="4">EXPOSURE EVENT SCENARIO#</td></tr>
<tr><td colspan="2"></td><td colspan="2">Low Risk Scenario:
Transient, limited and distanced contact that does not meet the definition for face-to-face or close contact.</td><td colspan="2">Medium Risk Scenario:
Transient face-to-face contact with a confirmed case
OR Non-transient distanced contact in an indoor space.</td><td>Highest Risk Scenario:
Providing direct care to a case
OR Non-transient face-to-face contact with a confirmed 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.</td></tr>
<tr><td rowspan="7">PPE WORN BY STAFF & CASE DURING EXPOSURE</td><td>Staff: No effective PPE
Case: With or without mask</td><td colspan="2">Moderate Risk</td><td colspan="2">Moderate Risk</td><td>High Risk</td></tr>
<tr><td>Staff: Surgical mask only
Case: No surgical mask</td><td>Low to Moderate Risk
Depending on risk assessment</td><td>Moderate Risk
Depending on risk assessment</td><td colspan="2">Moderate Risk</td><td>High Risk</td></tr>
<tr><td>Staff: Surgical mask + eye protection*
Case: No surgical mask</td><td colspan="2">Low to Moderate Risk</td><td>Low to Moderate Risk
Depending on risk assessment</td><td>Moderate Risk
Depending on risk assessment</td><td>High Risk</td></tr>
<tr><td>Staff: Surgical mask only
Case: Surgical mask§</td><td colspan="2">Low Risk</td><td>Low to Moderate Risk
Depending on risk assessment</td><td>Moderate Risk
Depending on risk assessment</td><td>High Risk</td></tr>
<tr><td>Staff: Surgical mask + eye protection*
Case: Surgical mask§</td><td colspan="2">Low Risk</td><td>Low Risk
Case: Surgical mask</td><td>Low to Moderate Risk
Depending on risk assessment</td><td>High Risk</td></tr>
<tr><td>Staff: P2/N95 + eye protection*
Case: With or without surgical mask</td><td colspan="2">Low Risk</td><td>Low Risk
Case: Surgical mask</td><td>Low to Moderate Risk
Case: No mask</td><td>Low to Moderate Risk
No prolonged/ cumulative/ physical contact</td><td>Moderate Risk
Prolonged / cumulative/ physical contact</td></tr>
<tr><td>Staff: Full PPE – P2/N95, eye protection, gown, gloves; no breaches
Case: With or without surgical mask</td><td colspan="2">Low Risk</td><td colspan="2">Low Risk</td><td colspan="2">Low Risk</td></tr>
</table>

* 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'. For cases, P2/N95 mask use 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 3: PPE breach risk assessment and actions

Note: This table represents minimum national recommendations. Jurisdictions may implement additional requirements above these minimum national recommendations.

Determine level of exposure		Immediate actions	Actions once risk confirmed
LOW RISK BREACH	• Breaches in PPE that occur below the neck and are managed immediately (e.g., torn glove)	• Remove from situation • Remove PPE • Perform hand hygiene • Inform line manager	Follow actions for low risk as outlined in Table 4: Recommended work permissions and restrictions.
MODERATE RISK BREACH Increased risk of infection	• Incorrect use of PPE • Incorrect PPE for task • Contamination occurs during doffing (occurs above neck)	• Remove from situation • 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 4: Recommended work permissions and restrictions.
HIGH RISK BREACH Likely risk of infection	• Exposure of mucous membranes by direct droplets from confirmed COVID positive (e.g., spitting in HCW face by confirmed COVID case) • Contamination occurs during doffing	• Remove from situation • 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 4: Recommended work permissions and restrictions.

Table 4: Recommended work permissions and restrictions as determined by risk

Note: This table represents minimum national recommendations, noting that adjustments may be made based the individual assessment (step 1) and consideration of impacts (step 2). Jurisdictions may implement additional requirements above these minimum national recommendations.

	RISK LEVEL			
	LOW RISK	**LOW TO MODERATE RISK**	**MODERATE RISK**	**HIGH RISK**
Work restrictions	Continue to work.	Continue to work.	Isolate until Day 2 RT-PCR test. If test result negative can return to work. 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.	**Work restrictions** **Leave workplace immediately**. **Isolate** as a primary close contact **Potential to return to work early** if Day 5 test result is negative. 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.
Testing	Be alert to mild symptoms, test if symptomatic	**Day 2 RT-PCR** test **Day 5 RT-PCR** test.	**Day 2 RT-PCR** test If test result negative may return to work. **Day 5 RT-PCR** test **Day 13 RT-PCR** clearance test.	**Day 2 RT-PCR** test. **Isolate**. **Day 5 RT-PCR** retest. **Isolate while result pending**. **Day 13 RT-PCR** clearance test.
	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	**Work permissions. If Day 2 test is negative may return to work.** Workplace to consider need for additional surveillance testing; Daily or less frequent saliva testing.	**Work permissions. If Day 2 test and Day 5 test are negative**, may return to work at a single site, with additional surveillance testing; daily saliva tests and; **RT-PCR** retest **day 9 and 13.** Additional: - Be alert to mild symptoms - Test if symptomatic - Limit work to a single site/area.
Additional PPE Requirements on return to work?	**Wear a surgical mask at all times** in indoor spaces including staff only spaces, unless eating/ drinking.	**Wear a surgical mask at all times** in indoor spaces including staff only spaces, unless eating/ drinking. Continue until clearance following **Day 13 RT-PCR test.**	**Wear a surgical mask at all times** in indoor spaces including staff only spaces. Continue until clearance following **Day 13 RT-PCR test.**	**Wear a surgical mask at all times** in indoor spaces including staff only spaces. Continue until clearance following **Day 13 RT PCR test.**
Work across sites?	**In general, Yes**. Inform all employers of cross-site details.	**In general, Yes**. Inform all employers of cross-site details.	**No.** Consider limiting work to a single site/area. Exclude from work with high risk patients, where possible (E.g. oncology wards). **Consider redeployment** if work in with vulnerable persons.	**No.** Limit work to a single site/area. 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—i.e. if there is previously demonstrated transmission—even low-risk exposures should limit work to a single site.			
	Workers in COVID Streaming Areas must follow any jurisdiction workplace directions from the Chief Health Officer.			

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All information in this publication is correct as at October 2021