All District Health Boards

Occupational Health Guidance for working in endemic COVID-19

A guide for people managers

THIS GUIDANCE WAS DEVELOPED BY THE AOTEAROA DHB OCCUPATIONAL HEALTH PHYSICIAN GROUP IN CONJUNCTION WITH INFECTIOUS DISEASE SPECIALISTS.

Purpose

COVID-19 is considered endemic once we have moved from elimination to suppression strategies. This document provides updated occupational health advice for vulnerable workers now COVID-19 is endemic. The guidance is premised on a vaccinated workforce.

Introduction

Vaccination against COVID-19, alongside other recommended vaccinations such as MMR, Hepatitis B and Pertussis is the best protection that is available to prevent severe illness and spread of vaccine-preventable infections in healthcare workers. Vaccination for COVID-19 remains the best protection against adverse effects of Covid-19 infection and is mandatory for healthcare workers. There are very few individuals who have medical contra-indications to COVID-19 vaccinations. Third primary doses for immunosuppressed individuals and booster doses for eligible people are recommended to improve immunity.

In addition, risk mitigations across the hierarchy of controls have been established in DHBs since early 2020 to reduce the risk of exposure to COVID-19 for all staff, visitors and patients.

Background

Following the emergence of the COVID-19 pandemic, occupational health guidance on protecting vulnerable workers was first developed in March 2020. As with any other hazard the guidance took a precautionary approach in the absence of detailed knowledge on how COVID-19 may affect those with underlying health conditions and as systems were developed to better manage the risks. The guidance has been regularly updated as further information has emerged.

Determination of staff vulnerability to COVID-19 is complex and multifactorial and should only be completed by an appropriately trained clinician. The standard practice has been that staff submit information to occupational health who then determine their vulnerability category using the National Occupational Health Risk Assessment Tool that was developed utilising international evidence.

Staff in vulnerability category 4 are those with underlying health conditions that place them at highest risk of adverse outcomes should they contract COVID-19. Category 1 staff have the lowest level of risk from COVID-19. The categorisation is based on information available at the time of the assessment. When health circumstances change, occupational health advice should be sought to determine whether the individual's risk has changed.

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A changing COVID-19 landscape

(a) A number of factors have considerably altered the risks associated with COVID-19 infection since guidance for vulnerable workers was first issued. These include:

- Vaccination of DHB workers
- Vaccination of the NZ population
- Emergence and arrival of new strains of COVID-19 in New Zealand and internationally
- Improved clinical management and availability of new therapeutics
- Improved understanding of COVID-19 transmission and mitigations

(b) As COVID-19 is now endemic, people living in New Zealand should expect to encounter others with COVID-19 infection with increasing frequency. Patients may present to healthcare facilities with incidental COVID-19, rather than it being the primary reason for seeking medical attention. Hospital visitors may also unexpectedly bring COVID-19 into the healthcare environment.

(c) In providing this advice, there is an expectation that DHBs will rigorously apply a series of control measures to greatly lower the risk of contracting COVID-19 for patients, visitors and workers when in DHB facilities and when undertaking community-based health interactions. The deployment recommendations that follow assume the adoption of appropriate control measures.

(d) Advice relating to occupational health aspects of COVID-19 risk including guidance on vulnerability, workplace controls and any necessary work-related restrictions should be integrated into business as usual occupational health processes, in line with all other infectious disease and other risks that healthcare workers face.

(e) Although previous Occupational Health guidance for vulnerable workers was considered appropriate at the time, in some cases the advised restrictions adversely affected the ability of some individuals to perform their usual work. Work is known to be a positive determinant of health. The benefits of any restrictions need to be weighed up against the potential for harm in removing a worker from their normal work (or training attachment/post)

(f) In some cases, the advised restrictions have caused difficulties in the ability of health services to run normally.

(g) There is emerging evidence that confirms and reassures that control measures to reduce risk of COVID-19 transmission in healthcare environments are effective. The measures that keep patients safe also keep workers and visitors safe.

(h) Universal masking works, providing both source control and protection for the wearer. Universal masking is a separate measure from the respiratory protection worn by healthcare workers to provide very high protection from infection. Universal masking will reduce risk of transmission between colleagues at work, risk of transmission from visitors, from patients etc. [i]

(i) Vaccination greatly reduces risk of serious infection e.g. hospitalisation rate / etc. The recommendations in this document are made based on all health care workers being fully vaccinated and keeping up to date with COVID-19 booster doses.

(j) Tight fitting P2/N95 respiratory protective equipment is available for healthcare workers. This has been proven to greatly reduce the risk of infection as compared to the situation earlier in the pandemic where surgical masks were in use.

(k) The risk of COVID-19 infection from a workplace transmission is not zero. Staff may bring COVID-19 into the workplace from a community exposure, and patients or visitors may have COVID-19 and transmit it to each other or to staff.

(l) Situations that may result in higher risk of transmission include:

- crowded spaces, where there are more people who might be infectious
- enclosed indoor spaces, particularly where there is limited air exchange
- confused or unpredictable COVID-19 cases, where hygiene measures and PPE may be breached
- patient respiratory aerosols are generated or aerosol generating behaviours (shouting, coughing, sneezing, vomiting, shouting, exercising)
- when COVID-19 disease levels are high in the general community
- when vaccination coverage in the community is inadequate

(m) The risk of transmission from patient to healthcare worker is very low when appropriate controls are utilised. The risk of colleague-to-colleague transmission can be more problematic to control, but measures such as universal masking, symptom checking, surveillance testing and social distancing all help reduce that risk. With the infection control measures in place in a healthcare setting, the risk of infection from contact with others may be lower than that in a non-healthcare setting involving interactions with the public such as bars and restaurants, community events etc.

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Table: Summary of recommendations

Note: These are general recommendations. Individual circumstances can be considered, and exemptions may be made where appropriate risk reduction measures are in place. Seek occupational health advice.

	Risk is considerably elevated and would be difficult to mitigate for this worker in this work category, avoid this scenario unless occupational health advice has been sought.
	Risk is elevated but is likely to be amenable to mitigation where appropriate control measures are in place. Individual work situation and reliability of controls would need to be considered.
	Risk is low so long as appropriate control measures are in place.

Work category	Staff vulnerability category[1]
Providing direct care to known COVID-19 patients or those with respiratory symptoms that have not yet returned a negative Covid test where: - **there is prolonged exposure over the shift, or** - **patient behaviour may result in a PPE breach,[2] or** - **patient aerosol generating behaviours[3] / patient respiratory aerosols are generated** ***Notes:*** ***1) Cat 3 & 4 workers should use airborne and droplet precautions when working in areas where COVID-19 patients or specimens are being managed by other Healthcare Workers*** ***2) See pregnancy section below***	4 3 2 1
Work in other patient and public contact areas **For pregnancy, see section below.**	4 3 2 1
Non patient or public contact work in shared spaces e.g. offices	4 3 2 1
Non patient or public contact work where good physical distancing can be maintained and limited number of face to face contacts	4 3 2 1

[1] Seek occupational health advice if worker's health circumstances have changed since being previously categorised.

[2] This includes behaviours that may result in a breach of the employee's PPE seal e.g. aggressive or un-cooperative behaviour

[3] Aerosol generating behaviours include coughing, shouting, sneezing etc

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Recommendations for those most vulnerable i.e. Category 4 workers

As a minimum, Category 4 workers should follow infection prevention and control measures consistently. If they are not up to date with currently advised boosters or in the rare circumstance of a medical exemption, then they should discuss their situation with Occupational Health.

Category 4 workers should not be expected to provide direct care to known COVID-19 patients or those with respiratory symptoms that have not yet returned a negative Covid test where there is prolonged exposure over the shift, or where patient behaviour may result in a PPE breach. They should avoid working in areas where COVID-19 patients or specimens are being managed without airborne and droplet precautions.

Any patient whose COVID-19 status is unknown but who has developed suggestive symptoms are managed with additional precautions. The risk of infection from brief exposures to these patients would be minimal with immunisation and appropriate PPE precautions.

As a Category 4 worker is at higher risk of becoming seriously ill from COVID-19 you should discuss any additional precautions they may wish to take at work.

They may wish to choose to limit the close contact they have with those outside of their normal circle of contacts when COVID-19 is endemic. For some people, the anxiety or risk around coming to work will be incompatible with ongoing employment in a setting where contact with others is a core part of the role. If they are concerned, then it is recommended that you point out the measures that are in place to keep them safe at work and speak to human resources to see what support may be available to them. Advise the worker to speak to their general practitioner or specialist who can provide them with support, guidance and ensure that they are aware of any steps that they may be able to take to optimise their health. Ask for a discussion with occupational health who can provide specific advice.

If they wish to continue doing clinical work that knowingly puts them in contact with COVID-19, then you should discuss this with occupational health. A risk assessment of the specific workplace and controls in place would need to be performed.

If a Category 4 worker has been advised by occupational health or their own general practitioner/ specialist to restrict their duties, then for some workers it may be possible for their work to be altered or for them to be redeployed to work which carries a lower risk. This may mean moving away from patient-facing work to non-patient-facing work or moving from a busy office space to a smaller office space where there is less mixing with other people. In some situations, risk may be effectively reduced through the routine practice of physical distancing and mask wearing in the workplace. Some workers may be able to work from home, but this is not always a viable long-term option. Where restricted or alternative duties are not available, leave or medical retirement may need to be considered.

Other activities including the use of tearooms, shuttle buses, common areas and meeting rooms may pose a risk of exposure to COVID-19 from other staff, visitors or patients. Work in shared spaces, such as open plan offices, introduces a degree of exposure risk. This risk can be mitigated to a large degree by measures such as universal masking, entry screening etc.

Recommendations for Category 3 workers

As a minimum, Category 3 workers should follow infection prevention and control measures consistently. If they are not up to date with currently advised boosters or in the rare circumstance of a medical exemption, then they should discuss their situation with Occupational Health.

Category 3 workers should not be expected to provide direct care to known COVID-19 patients or those with respiratory symptoms that have not yet returned a negative Covid test where there is prolonged exposure over the shift, or where patient behaviour may result in a PPE breach. They should avoid working in areas where COVID-19 patients or specimens are being managed without airborne and droplet precautions.

All clinical areas should be adhering to infection control measures including patient and visitor screening to exclude those at epidemiological or clinical risk of COVID-19 infection along with universal masking practices. Any patient whose COVID-19 status is unknown but who has developed suggestive symptoms are managed with additional precautions. The risk of infection from brief exposures to these patients would be minimal with immunisation and appropriate PPE precautions.

It is a decision and responsibility for each DHB to advise on which areas of the hospital/facilities are considered higher risk for COVID-19 exposure. This may change with community prevalence and with changes in operational process, and as prevalence increases this is likely to become less practical.

As for Category 4 workers, activities that bring a Category 3 worker into contact with other staff, visitors or patients such as use of tearooms, meeting rooms and common facilities may increase risk of exposure. Work in shared spaces, like open plan offices, introduces a degree of exposure risk due to mixing with people outside of the worker's normal daily (non-work) contacts. This risk can be mitigated to a large degree by measures such as universal masking, entry screening, ventilation etc.

The risk may be dynamic, depending on adherence to control measures, effectiveness of screening measures, access to testing, local prevalence, vaccination in the community and the workplace.

If, despite the measures that are in place, the worker is not comfortable with coming to work, or if they have been advised against this by their general practitioner/ specialist, then you need to discuss this with the worker and Human Resources. Redeployment options may need to be explored. Occupational Health can provide specific advice.

Recommendations for pregnant workers:

As for all workers, pregnant workers should follow infection prevention and control measures consistently. Where possible, pregnant health care workers should be allocated to patients and duties that have reduced exposure to patients with, or suspected to have, COVID-19 infection. Any patient with COVID-19 or whose COVID-19 status is unknown but who has developed suggestive symptoms are managed with additional precautions. The risk of infection from brief exposures to these patients would be minimal with immunisation and appropriate risk mitigations including PPE precautions.

Tight-fitting P2/N95 respirators may need to be re-fit-tested during pregnancy as changes to the face shape that commonly occur in pregnancy may affect the seal.

COVID-related risk factors that should be discussed with Occupational Health (e.g. via the vulnerable worker COVID-19 self-assessment form) include where pregnant staff:

- Are older than 35 years
- Are overweight or obese (body mass index above 30 kg/m2 pre-pregnancy)
- Have pre-pregnancy high blood pressure
- Have pre-pregnancy type 1 or 2 diabetes
- Develop a pregnancy-related health condition
- Are Māori, Pacific People and/or other minority ethnic groups

Advice has previously been to stand down from patient-facing work at 28 weeks, based on a precautionary approach. Observational data from the UK indicates a very protective effect is achieved in pregnant women who are vaccinated, with dramatic reductions in hospitalisation rates for COVID.

Given this data, and the effectiveness of the other control measures in place, updated advice is that at 28 weeks, an informed discussion between the woman and her manager of risk mitigations in place may allow her to continue in her usual role, should she wish to. This may be done via a Risk Reduction Plan reviewed by Occupational Health. We recognise and agree with the following advice from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists[ii]:

"RANZCOG recommends that, where possible, pregnant health care workers be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, COVID-19 infection. All personnel should observe strict hygiene protocols and have full access to Personal Protective Equipment (PPE).

The College also urges employers to be sensitive to the fact that pregnant women are, appropriately, often anxious about their own health and protective of their unborn baby. Consideration should be given to reallocation to lower-risk duties, working from home or leave of absence.

The current circumstances are unprecedented. The community will rely on the medical system to function at the highest level and near 100 percent participation of the medical, nursing and midwifery workforce. Specialist practitioners may need to re-allocate to other areas of the medical system. The College expresses our deep and sincere gratitude to our members, all doctors, nurses, midwives and other health care workers, the administrative staff and management of our hospitals and health services for their dedication, professionalism and compassion.

RANZCOG recognises that decisions around resource allocation are complex, and multifactorial, and defers to local jurisdictions in this regard."

Accommodations for later stages of pregnancy should be made as part of usual obligations under the Health and Safety at Work Act.

Recommendations for all other workers:

Follow infection prevention and control measures consistently. Following this advice and ensuring that others are following best practice is the best way of staying safe at work.

Control Measures for COVID-19

Under the Health and Safety at Work Act 2015, DHBs are responsible for having systems in place to ensure that those who work in DHB facilities or services are reasonably protected against the biological hazards that they may be exposed to in the course of their duties.

References

[i] Making the Most of Masks – Public Health Expert, University of Otago, New Zealand

[ii] RANZCOG - COVID-19 and pregnant health care workers and other at-risk workers