

Department of Health

COVID-19 DoH Workers who are Close Contacts to Continue to Work, Subject to Conditions

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Contact:	Incident Controller, ECC
Applies to:	Health Service Staff in Defined High-Risk DoH Settings
Policy Type:	Statewide
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Approval

Prepared by	Gillian Mangan	Manager - Policy, ECC	6166 1719	7 January 2022
Through	Helen Mulcahy	Manager, Service Development	6166 1084	7 January 2022
Through		Incident Controller, ECC		January 2022
Cleared by	Dale Webster	Deputy Secretary – Community, Mental Health and Wellbeing	6166 3700	January 2022

Revision History

Version	Approved By Name	Approved By Title	Amendment Notes

Purpose

- To manage the Department of Health risk, and clinical risk associated with enabling critically necessary healthcare workers who are close contacts to continue to work, subject to conditions, *if their presence working at the workplace is critical to the ongoing operation of a clinical service.*
- To enable critically necessary healthcare workers who are close contacts to attend and work during the days up until day seven after their last close contact with a case, subject to conditions.
- To enable these same critically necessary healthcare workers who are close contacts to attend work during days eight to 14 after their last close contact with a case, subject to conditions.

This Policy may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for the Department of Health and Human Services. **PLEASE DESTROY PRINTED COPIES.** The electronic version of this Policy is the approved and current version and is located on the Agency's intranet. Any printed version is uncontrolled and therefore not current.

- To enable healthcare workers who are close contacts but are *not* critically necessary for the ongoing operation of a clinical service to resume work from day eight after their last close contact with a case, subject to conditions.
- This is a statewide policy and must not be re-interpreted so that subordinate policies exist. Should discrete operational differences exist, these should be expressed in the form of an operating procedure or protocol.
- **Failure to comply with this policy**, without providing a good reason for doing so, may lead to disciplinary action.

Roles and Responsibilities/Delegations

- Under section 16 of the *Public Health Act 1997* the Director of Public Health has delegated specific functions and powers to a number of DoH positions of the health service (**Attachment 1**) that provides for the following:
 - The authority to release close contacts from quarantine in the seven days after close contact with a case of COVID-19 only for the purposes of working if their presence working at the workplace is critical to the ongoing operation of a clinical service, clinical support service or general support service, with the process only applying to the release from quarantine of workers in healthcare settings who are close contacts for the purpose of working. When not at work or travelling to and from work, all other quarantine requirements outlined in the current public health direction on Quarantine continue to apply.
 - The authority to permit close contacts to return to work in healthcare settings on days eight to 14 after close contact with a case of COVID-19.
- In both instances, the need for the healthcare worker who is a close contact to work during their quarantine period must be assessed and documented by the delegate.
- The circumstances in which the healthcare worker became a close contact (household, community, workplace) should also be briefly documented to inform a review of the outcomes of this process.
- The specified senior manager of the healthcare setting of the worker who is a close contact will assess and document whether the worker attending the workplace is immediately critical to the ongoing operation of a service.
- The processes and procedures used by the Tasmanian Health Service and Ambulance Tasmania to determine the critical need for the healthcare worker to continue working, the mitigations in place to protect the healthcare service if the close contact becomes a case, and the actions that will be undertaken if the close contact becomes a case, must be provided to the Director of Public Health before authority to release close contacts from quarantine is delegated.
- For workers in healthcare settings who are close contacts and whose absence for up to seven days can be managed *without significant service disruption*, the relevant senior manager of the healthcare service should determine that they may not resume work in healthcare settings until eight days after contact with a case of COVID-19 and completion of the quarantine requirements for this period.
- Once it has been established that the healthcare worker is permitted to be released from quarantine to work, the conditions for this release outlined in **Attachment 2** will apply.

Risk Implications

- This Policy aims to minimise severe disruption of clinical services, while mitigating as far as is practicable the risk posed by healthcare workers who are close contacts who are enabled to work during their quarantine period and/or in the following seven days.
- In addition to this guidance, all healthcare settings must have in place measures to reduce the risk of workers introducing infection into the workplace.

Consultation

This Policy has been prepared in consultation with:

- Mark Veitch (Director of Public Health)
- Tony Lawler (THSEOC Commander)
- Peter Renshaw (Regional Health Commander – North)
- Kathleen Atkinson (Regional Health Commander – North West)
- Stephen Ayre (Regional Health Commander – South), and
- Joe Acker (Chief Executive, Ambulance Tasmania).

Attachments

- 1 Delegated powers under directions issued under section 16 of the **Public Health Act 1997**
- 2 Conditions for Workers who are Released from Quarantine to Work