Te Marae Ora Ministry of Health Cook Islands

Public Health guidance for employers of essential workers who are COVID-19 cases or household contacts

Contents

Introduction
This guidance can be used where service provision is at risk of substantial compromise due to staff absence related to infection or exposure, once there is evidence of community spread of a highly transmissible SARS-CoV-2 variant (example Omicron). Within the parameters of criticality, this document will assist employers to make decisions appropriate for their circumstances.

This document covers:
- Being prepared for the situation when SARS-CoV-2 variant Omicron is becoming more widespread in the community
- Key principles for using this guidance
- The management of workers who are:
  - COVID-19 cases
  - COVID-19 household contacts.

This guidance document has been adapted primarily from the following Ministry of Health New Zealand publication[1]
- https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-health-professionals/guidance-critical-health-services-during-omicron-outbreak

Scope
This guidance applies to organisations and businesses identified as essential services in the *Essential Services and Restrictions Policy 2021*. These include:

1. **Critical infrastructure services:** Essential physical and information technology facilities, networks, services, assets, which, if disrupted or destroyed, would have a serious impact on the health, safety, security, economy or social well-being or the effective functioning of government;
2. **Entities:** Includes government agencies, non-government agencies, state-owned enterprises, Island Councils, Puna, private sector enterprises, schools and tertiary institutions and others involved in the supply chain for essential and non-essential services
3. **Essential services:** Are services that are considered critical to the safety and protection of households and functioning of the community before, during or after a State of Emergency and as stated in Section 23 and listed in the Schedule or notified by the Director pursuant to Section 6(9) of the Disaster Risk Management Act 2007. Under a State of Emergency or State of Disaster essential businesses are required to apply to the Director of EMCI for accreditation. As a SARS-CoV-2 variant Omicron outbreak may not constitute a State of Emergency or State Disaster this guideline provides direction **for personnel deemed essential under the Disaster Risk Management Act 2007**.This list is elaborated on in the *Essential Services and Restrictions Policy 2021*.

This advice will be updated as the COVID-19 situation continues to evolve. Updates will also be made available through the Te Marae Ora Ministry of Health Cook Islands website.

Key Principles

When this guidance is applied, the transmission risk in the community setting will/maybe be high and will be the most likely place that essential workers will acquire COVID-19 infection. However, the following guidance applies regardless of where someone is infected or potentially infected.

In the setting of increasing numbers of Omicron cases and as per TMO guidance, most people in the community will be expected to self-manage their COVID-19 exposure and case experience at home.

International experience of Omicron suggests that within 2-3 weeks of initial community transmission, service provision will be at risk of potentially substantial compromise by staff absence related to Omicron infection or exposure. This would be on top of an already stretched workforce capacity. There will be a need therefore to make pragmatic decisions on the management of essential workers who are COVID-19 cases or exposed to COVID-19 at work or in the community. This means balancing transmission risk, the health and safety of the individual, their family and co-workers, with the ability to deliver safe services. Safety considers impacts on the workers themselves, co-workers as well as clients and their families.

This guidance has been developed based on international recommendations, which note the need for a pragmatic approach, balancing risks and the limited evidence about the options proposed. It is divided into two sections and applies to all workers who have been exposed to COVID-19 or may actually have COVID-19 that is household contacts and COVID-19 positive workers, in the context of an Omicron outbreak as follows:
- If there is no criticality to the workforce or service, then the current advice for management of workers, COVID-19 exposures, and standard public health case and community exposure advice is to be followed. Where work from home options are appropriate, they should be utilised
- **BUT**, and only as a last resort, if there is a risk because of a critical workforce situation (either because of the criticality of the service provided or the number of people able to work) then different scenarios will be in effect if the individual is infected or exposed.

It is important that staff management is appropriately documented. Records should be kept as per own organisational policy.

[1] Guidance for situations where healthcare workers are COVID-19 cases or household contacts

Preparedness

The basic public health measures matter now more than ever.

- Continue to support and encourage **all staff, and where possible clients, to (correctly) wear the recommended medical mask at all times** in all indoor settings (strongly encouraged in other settings for personal protection) , to maintain physical distance, and be vigilant about hand hygiene
- There is increasing understanding that wearing a 'well fitting' mask that has at least three layers improves its effectiveness and protection. There are a variety of techniques to improve the fit of a medical mask (https://www.health.gov.ck/covid19/).
- Ensure everyone who has COVID-19 symptoms stays home and gets tested
- Where an essential worker is required to work (with symptoms or even tested positive but remain asymptomatic) due to the specialised nature of their work employers should ensure strict safety protocols. For example full PPE or the worker could be redeployed to do other non-contact roles.

Receiving a booster dose of COVID-19 vaccination. Boosters should be strongly encouraged for everyone who is eligible. Although staff who have not received a booster are treated as fully vaccinated (they have received two doses of vaccine) for the purposes of this guidance.

Staff breaks/mealtimes are key occasions to allow for rest and refreshment. However, if physical distancing is not optimal and when time spent with others is more than 15 minutes, removing masks at mealtimes means the risk of exposure is increased during breaks if a COVID-19 case has worked during their infectious period. Some services/organisations have implemented rostered/staggered meal breaks, are encouraging breaks to be outside or in open and well ventilated areas in the work place, and have asked staff to limit the time they spend with others when on breaks. **There is a need to be creative and supportive to maintain team morale. It is as critical that we ensure staff get breaks as it is that we keep them safe during these times.** Facilities for staff only and preferably department only meal and rest breaks areas should be made available to further limit potential transmission, where possible and practical. Encourage staff to bring packed lunch from home or an agency may want to consider supplying lunch for their staff to purchase.

Communications are important. All organisations and businesses need to talk with their staff about the potential scenario when this guidance will be applied and what that means in practice. This guidance describes exemptions for staff who are recovering cases or close/higher-risk contacts to return to or continue to work to maintain critical services in the face of a large-scale community COVID-19 outbreak, while balancing the risks involved. It does not mean affected staff are free to carry on life in the community outside of their home as if they were not a case or contact; outside of work staff will need to comply with relevant public health instructions for cases and household contacts.

Use of Rapid Antigen Test (RAT) will be important to safely allow implementation of this guidance. Given the high likelihood of many staff coming into contact with or contracting highly transmissible COVID-19 variants, and potential logistical issues in delivering RATs to individual staff members, all organisations and businesses are recommended to have arrangements in place to facilitate access for all staff to a supply of RATs. This supply of RATs should include instructions for use. Each agency should have a Health and Safety Officer trained to administer RAT testing for staff weekly or as required.

Management of essential workers who are COVID-19 cases or household contacts

Where service delivery is **not at risk** by their absence, workers should follow general public health advice for isolation, having informed their manager about their infection. If however, their ability to work is critical to service continuity, and if the worker is **asymptomatic or mildly symptomatic and improving** (that is they are not acutely unwell) **Table 1** outlines the recommended course of action.

Table 1: Management of essential workers who are COVID-19 cases

Vaccination status	Symptom status	Stand-down from work	Measures on return to work
Boosted, or primary course COVID-19 vaccination only	Asymptomatic or mildly symptomatic (and improving)	• Stand down for 5 days[2], and RAT test day 5* if negative, RAT test day 6 prior to shift. If both Day 5 and Day 6 RAT tests are negative, return to work on Day 6 • If RAT positive at Day 5, continue daily RAT testing until negative, then return to work the following day after a further negative RAT prior to their shift (i.e. negative tests two days in a row)^If possible redeploy: ○ to a non –contact role or ○ reassign with a up positive employees who are asymptomatic or very mild conditions who are well to continue working • If Day 7 and asymptomatic return to work without requiring a negative RAT test	• Correct use of a well-fitting (advice on this is available) mask (N95, KF94, TF98 or similar) • Practice other IPC measures (hand hygiene, maintain physical distancing) • Be very careful if in shared breaks and eating areas, noting the transmission risks described above • Avoid public transport while commuting unless it is unmanageable for you to get to work otherwise (see further below) • Outside of work, continue to follow public health instructions for community cases
	More than mildly symptomatic and not improving	Continue to remain at home	The worker should liaise with their employer for ongoing management of their return to work

*Day 0 is <u>either</u> day of symptom onset, <u>or</u> day of first positive test if asymptomatic throughout

^ Any RAT undertaken to return to work should be done before going to work (not at work prior to starting a shift)

[+] Please check with TMO for further advice

Management of essential workers who are COVID-19 household contacts

Again, where service delivery is not at risk by their absence, the current advice for management of essential workers COVID-19 exposures, and standard public health community exposure advice should be followed, with the workers manager having been informed about their exposure.

Where their ability to work is critical to service continuity, their level of risk will be assessed using a standard risk assessment and categorisation tables in Appendix One and then Table 2 below outlines the recommended course of action. This framework assumes that:

- The affected essential worker involved has had a full primary COVID-19 vaccine course +/- booster and has always worn a medical mask as a minimum whilst in the workplace
- The actions for staff who have been exposed in the community and categorised as household contacts are the same as for those at higher risk exposures at work.

Table 2: Management of COVID-19 contacts (exposed at work or in the community), for essential workers

Exposure type	Lower risk exposures or casual contact in the community	Higher risk exposures or close contact from community exposure
Restrictions or stand-down, as long as asymptomatic	Level 1 or 2 contacts or casual contact in the community	Level 3 or 4 contact or household contact in the community
	No stand-down required but: • Remain vigilant for symptoms • Stay home if symptoms develop and get a test • Surveillance testing if recommended and already in place for the staff group of which the worker is a part of	• Negative Day 1[+] RAT test before presenting to continue working This point and second point – depending on the available test kits – otherwise a weekly or twice weekly testing until tested positive • Negative RAT required before any/each shift for 7 days[++] post last* exposure (depending on the current settings for close contacts), where possible • Correct use of a well-fitting medical mask • Be very careful if in shared breaks and eating areas, noting the transmission risks described above • Avoid shared transport for work commuting unless it is unmanageable for you to get to work otherwise • Be vigilant for symptoms. Stay home if symptoms develop and get a test

[2] Please note the days for testing are current as of 14 March 2022. Please check with TMO re changes to the testing

		• Outside of work, continue to follow public health instructions for community contacts. Where contacts have ongoing exposure to a case (that is in their household), the quarantine period and/or period of testing using RATs may need to be extended[++]

[+]Day 0 is the day of, or last day of, exposure(s), day 1 is the first day following the day of, or last day of, exposure

[++]Note the duration of RAT testing relates to standard period of isolation time for COVID-19 household contacts.

* Household contacts should minimise contact with the case in their household as much as possible. For household contacts with ongoing exposure, testing before each shift begins when they return to work and needs to continue until 7 days after last exposure (example when the case they are living with is declared non-infectious). Similarly, outside of work they need to follow public health instructions about quarantine as per current household contact requirements.

Appendix 1: Risk assessment and categorisation of healthcare workers[3]

Table 3: Factors to consider in risk assessment

Risk assessment should always take into account the community prevalence of COVID-19 as well as the following:				
Exposure details • Known in-hospital transmission provides a higher risk of further transmission • Exposure outside of work including when commuting to work • Exposure at work but with no known transmission	**Case details** • Case infectiousness (example CT value where available) • Presence and type of symptoms, such as respiratory distress or delirium which increase the risk of transmission • Aerosol/droplet generating behaviours (AGB/DGB) by the case, such as shouting, coughing, respiratory distress, sneezing, vomiting, spitting or exercise • Aerosol generating procedures (AGPs) being performed on the case • Confirmed secondary cases • COVID-19 vaccination status	**Contact details** • Whether exposure is confirmed or only possible • Type of contact with case • Physical distance from case • Duration of exposure • Type of procedure performed (if relevant) example aerosol-generating • COVID-19 vaccination status	**Infection prevention and control details** • Mask use and hand hygiene by patient • Use of appropriate PPE including medical mask, or where required P2/N95 respirator use (and whether fit tested) • Use of eye protection during AGP or AGB/DGB • Hand hygiene by staff member • Correct donning and doffing of PPE (i.e., no breaches)	**Environmental exposure details** • Use of shared equipment • Use of communal spaces (example tea rooms, workstations, offices) • Ventilation • Room size and configuration

[3] This risk assessment advice and risk matrix are extracted from the standard guidance for risk assessment and categorisation of health care workers exposed to COVID-19, effective 24 January 2022.

Table 4: Exposure risk categorisation of essential workers

Note: All exposure category decisions are based on a local risk assessment. This matrix should be seen as guidance only. The highest risk duration or proximity parameter met should be used (e.g., face-to-face trumps <30min in the room and >1.5m) **Case =** confirmed positive case in a staff member or other person in the organisational environment. **No increased risk =** transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact. **PPE** = Personal protective equipment	**Low risk exposure** 1. Shared indoor space: In general, more than 1.5m apart and under 30 minutes cumulative in 24 hours OR 2. Exposure outdoors: less than 1.5m for more than 30 minutes and no AGP/AGB	**Moderate risk exposure** • Any face-to-face contact within 1.5 metres and less than cumulative 15 minutes in 24 hours • OR • In general, shared indoor space more than 1.5m away for greater than cumulative 30 mins in 24 hours • OR • Based on agreed documented individual risk assessment including assessments of occupational exposures and of the physical environment	**High risk exposure** • Prolonged face-to-face contact within 1.5 metres and greater than cumulative 15 minutes in 24 hours OR • Contact with multiple COVID-19 confirmed cases/suspected cases/probable cases OR • Based on agreed documented individual risk assessment including assessments of occupational exposures and of the physical environment	**Highest risk exposure** • Aerosol generating behaviours (AGBs from the case example uncontrolled coughing, singing, shouting, exercise) where the person is not able to adopt respiratory etiquette OR • Direct exposure to the mouth/nose/eyes with infectious body fluids (e.g., coughed, sneezed, vomited on) from the case OR • Aerosol generating procedures (AGPs) during procedure or settle time
	Vaccination status of the healthcare worker			
	Full[4]	**Full**	**Full**	**Full**
No effective PPE worn by staff member or case (no PPE or PPE with major breaches such as mask below nose)	**Level 1** / **Level 2** Based on risk assessment	**Level 2**	**Level 3**	**Level 4**
Medical mask only worn by staff member • Case not wearing mask	**Level 1**	**Level 1**	**Level 2**	**Level 4**
Medical mask worn by staff member AND • Case wearing mask	**Level 1**	**Level 1**	**Level 1**	**Level 4**
Staff member in P2/N95, no eye protection with no breaches	**Level 1**	**Level 1**	**Level 1**	**Level 4 or Level 3 with individualised risk assessment**
Staff member in P2/N95 and eye protection with no breaches	**No increased risk** over background – general surveillance testing where in place should continue			

Note: Eye protection may be recommended for IPC purposes to reduce transmission risk in the workplace, but not wearing eye protection does not constitute sufficient exposure risk to warrant inclusion in exposure event criteria EXCEPT when aerosol generating procedures are being undertaken or aerosol generating behaviours result in direct exposure to the eyes. However, employees should follow all IPC guidance provided by their employers at all times and this may include the routine use of eye protection.
Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of environmental contamination.

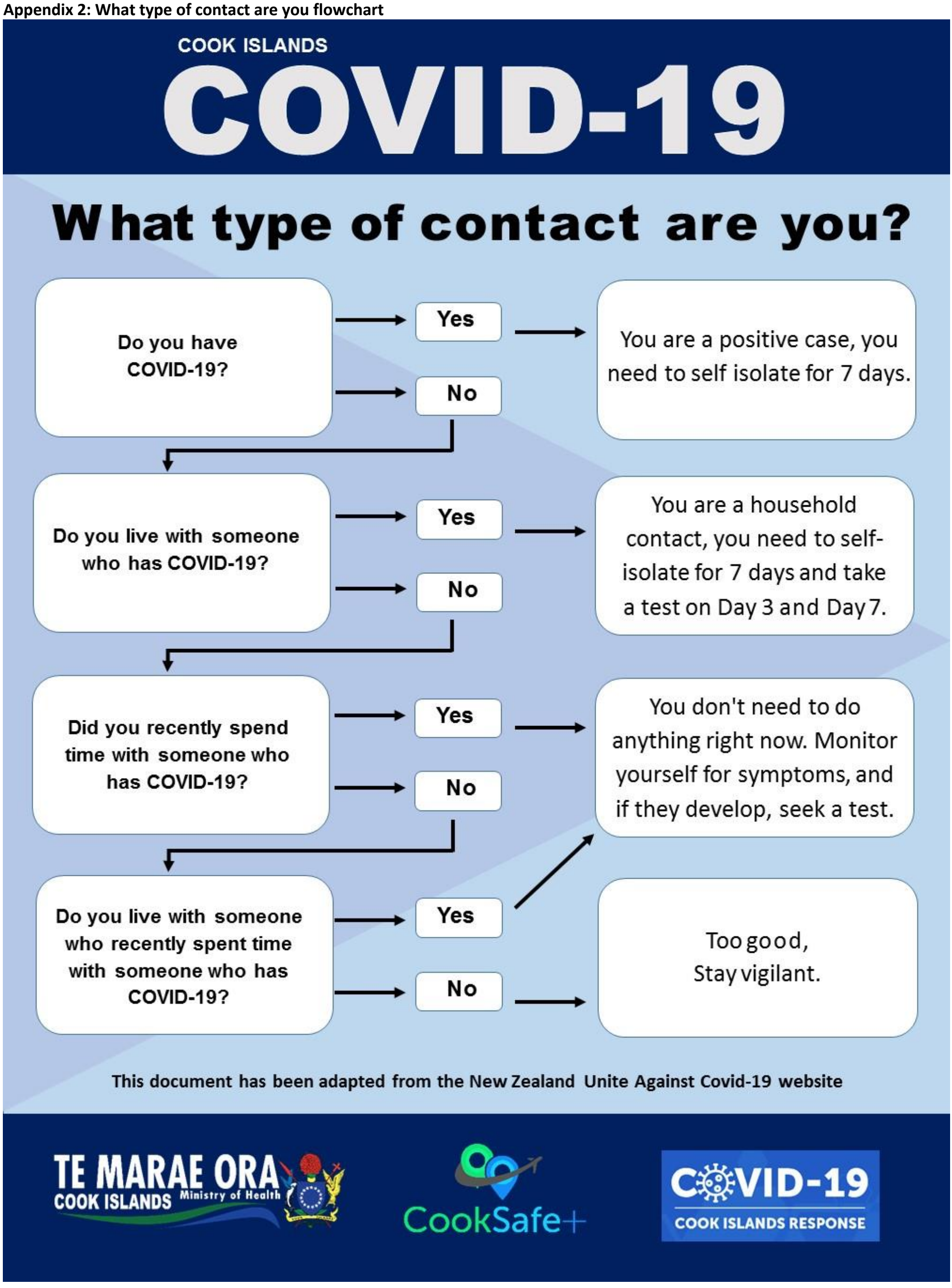
[4] Full = is greater than or equal to 14 days following 2nd dose (https://covid19.gov.ck/sites/default/files/2022-01/COVID-19%20%28Air%20Border%20Entry%20Requirements%29%20Reguations%202021.pdf or completion of primary course if immunocompromised. Advice on booster doses may result in the Ministry of Health changing this definition in the future.

Table 5: Exposure risk categorisation of essential workers – listed

Contact Actions	
Level 1 **Low risk exposure**	**No stand down from work required** ○ Daily symptom / fitness for work screen as per local protocols ○ Monitor for symptoms for 7 days ○ Test if symptomatic, no matter how mild, and stay at home until negative test result and until 24 hours symptom free ○ Comply with IPC protocols when at work Continue regular surveillance testing where in place/if applicable
Level 2 **Moderate risk exposure**	**No stand down from work required if the following is in place** ○ Daily symptom / fitness for work screen as per local protocols ○ Monitor for symptoms for 7 days ○ Fastidious use of medical mask, donned before entry to the workplace, changed as needed during the day and comply with IPC protocols when at work ○ When mask must be removed (example for eating and drinking), ensure physical distancing is maintained ○ Test if symptomatic, no matter how mild, and stay at home until negative test result and symptom free for 24 hours Continue regular surveillance testing where in place
Level 3* **High risk exposure**	**No stand down from work required if the following is in place** ○ Post exposure daily RAT testing (whether at work each day or not) required until day 7* instead of self-quarantine ○ Daily symptom / fitness for work screen as per local protocols ○ Monitor for symptoms for 7 days ○ Fastidious use of medical mask, donned before entry to the workplace, changed as needed during the day and comply with IPC protocols when at work ○ When mask must be removed (example eating and drinking), ensure physical distancing is maintained ○ Eat alone in a well-ventilated space, if possible ○ If symptoms develop within 7 days post exposure, no matter how mild, test again and self-isolate until negative test result and symptom free for 24 hours ○ Continue regular surveillance testing where in place once post-exposure monitoring is complete ○ When not at work, self-quarantine as per standard household close contact advice until 7 days*, provided no new or worsening symptoms AND negative daily tests **Stand down is still required in the following situation** If daily testing declined or unavailable or not sufficiently timely, then ○ Self-quarantine for 7 days post exposure and RAT on day 3* and 7 post exposure. Can return to work on completion of 7 days quarantine, provided no new or worsening symptoms and negative day 7 test ○ Once returned to work, ensure the following ○ Fastidious use of medical mask, donned before entry to the workplace, changed as needed during the day and comply with IPC protocols when at work ○ Monitor for symptoms for 7 days ○ If symptoms develop within 7 days post exposure, no matter how mild, test again and self-isolate until negative test result and symptom free for 24 hours Continue regular surveillance testing where in place once post-exposure monitoring is complete
Level 4 **Highest risk exposure**	○ If exposure has occurred on current shift, comply with IPC protocols, leave workplace at the end of the shift then ○ Self-quarantine for 7 days, test on days, 3* and 7 post exposure. Can return to work on completion of 7 days self-quarantine, negative day 7 test and symptom free for 24 hours ○ If exposure occurred prior to current shift, leave workplace immediately, test immediately then ○ Self-quarantine for 7 days, test on days 0*, 3 and 7 post exposure. Can return to work on completion of 7 days self-isolation, negative day 7 test and symptom free for 24 hours ○ If symptoms develop within 7 days post exposure, no matter how mild, test again and self-isolate until negative test result and symptom free for 24 hours ○ Daily symptom / fitness for work screen as per local protocols once returned to work ○ Continue regular surveillance testing where in place once post-exposure monitoring is complete Household members must follow current public health advice.

*Day 0 is the day of, or last day of, exposure(s), day 1 is the first day following the day of, or last day of, exposure

Appendix 2: What type of contact are you flowchart



Reference

Ministry of Business, Innovation, Employment New Zealand:

- https://covid19.govt.nz/news-and-data/latest-news/new-scheme-to-keep-key-sectors-going-through-omicron/
- https://www.business.govt.nz/covid-19/close-contact-exemption-scheme/