

# COVID-19 advice for staff in high-risk community and/or private settings



This document has been created to provide general advice about managing COVID-19 risk for staff who provide any level of health care or patient support in community and/or private high-risk settings. These include, but are not limited to, healthcare, aged care and disability care facilities and practices.

## Resources for high-risk settings

Individual practices and facilities should decide how they will manage COVID-19 positive staff, patients, clients and residents ahead of time, and develop their own [COVID-19 Occupational Health and Safety Plans](#). The following resources may be reviewed as part of this process:

- For **Healthcare Workers**: [COVID-19 Managing Health Worker Exposures and Return to Work in a Healthcare Setting \(CEC\)](#) and [COVID-19 Infection Prevention and Control Manual \(CEC\)](#)
- For **Residential Aged Care Facilities (RACFs)**: [Advice to residential aged care facilities](#) and [Guidance for Residential Aged Care Facilities on the Public Health Management of Acute Respiratory Infections](#)
- For **Residential Disability Care Facilities (RDCFs)**: [Advice to residential disability care facilities](#) and [Guidance for Disability Care Facilities on the Public Health Management of Acute Respiratory Infections](#)
- For **Home Care Service Providers**: [Advice to home care service providers](#).

## Staff who test positive to COVID-19

People who test positive to COVID-19 may be infectious for up to 10 days. To reduce the risk of introducing COVID-19 into high-risk settings **it is strongly recommended that staff who test positive to COVID-19 do not return to work in healthcare, aged care and disability care settings for at least 7 days, and until their symptoms have resolved.**

Staff may be eligible for the [High-Risk Settings Pandemic Payment](#) if they work in a high-risk setting and can't earn an income because they have tested positive to COVID-19.

## Staff who have been in contact with someone who has COVID-19

Staff who have been in close contact with a person who has COVID-19 are most likely to develop COVID-19 in the **first 7 days** following exposure, however this risk continues for up to 14 days. This risk is highest if they live with someone who has COVID-19, or have had prolonged, close contact with them in an indoor area without wearing a mask.

Appropriate mitigation strategies should be in place to help reduce the risk of introducing COVID-19 into a healthcare setting. Staff who have recently been in contact with someone who has COVID-19 should also follow the [Advice for people exposed to COVID-19](#).

## Staff who have symptoms of COVID-19

To protect others staff and clients, people who have [COVID-19 symptoms](#) should not enter the workplace. Staff should be encouraged to get **tested for COVID-19 immediately and not return to the workplace until their symptoms have resolved.**

## Risk mitigation

As part of a workplace risk assessment, employers in high-risk settings should ensure that there are appropriate risk mitigation strategies in place to reduce the risk of COVID-19 infection for patients, residents, clients and staff. This includes conducting risk assessments for staff who have recently had COVID-19, or have been in close contact with a person who has COVID-19.

Contingency plans to maintain essential services should be documented ahead of time in a facility's Outbreak Management Plan (where appropriate).

Employers are responsible for ensuring that appropriate mitigation strategies measures are in place to protect staff, residents, patients and clients.

## Recommended risk mitigation measures

These recommendations can help reduce the risk of COVID-19 transmission in high-risk settings. Employers and managers in high-risk settings should consider these measures before a COVID-19 case or exposure has been identified, and how they can be appropriately actioned in response to increased community or facility risk<sup>1</sup>.

Risk consideration	Recommendations
Eliminate Risk	<p>Reduce the opportunity for COVID-19 to enter the facility. For example:</p> <ul style="list-style-type: none"> <li>• Staff members who test positive, should stay home and follow the advice in <a href="#">Testing Positive to COVID-19 and managing COVID-19 safely at home</a>. They should not return to the workplace for at least 7 days after their positive test. Staff working in high-risk settings may be eligible for the <a href="#">High-Risk Settings Pandemic Payment</a> if they test positive to COVID-19 and cannot go to work.</li> <li>• If a staff member has had a high-risk exposure: <ul style="list-style-type: none"> <li>○ Advise them to follow the <a href="#">Advice for people exposed to COVID-19</a>. Where possible, facilitate the affected staff member to <b>work from home</b> for at least 7 days.</li> <li>○ Ensure the staff member <b>monitors closely for symptoms</b>, and if these develop, <b>get tested and stay home</b> until their symptoms have resolved.</li> </ul> </li> <li>• Review staff <b>COVID-19 vaccination</b> rates and facilitate access to vaccination for those who are due.</li> </ul>
Substitute Risk	<p>Identify ways to reduce risk of transmission in the workplace. For example:</p> <ul style="list-style-type: none"> <li>• Limit staff members to <b>working in a single site / area</b> as much as possible</li> <li>• <b>Adjust staff rosters</b> to minimise interactions between individual staff and patients, clients and residents</li> <li>• <b>Minimise congregation</b> of staff in shared areas</li> <li>• Provide <b>separate access to tea rooms and other break areas</b>, particularly if a staff member is coming to work after being in contact with someone who has COVID-19.</li> </ul>
Engineering Controls	<p>Consider how barriers and other forms of physical hazard reduction can be used to reduce risk. For example:</p> <ul style="list-style-type: none"> <li>• Encourage <b>physical distancing of 1.5 metres</b> where possible, e.g. floor markings and barriers to create space at counters, seated areas, etc</li> <li>• Encourage <b>staff breaks to be held outside</b> where possible.</li> </ul>
Administrative Controls	<ul style="list-style-type: none"> <li>• Review workplace infection prevention and control measures in accordance with best practice guidance, for example the <a href="#">Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual</a> (Section 2.6.2) <i>Physical distancing and use of shared space</i></li> <li>• Ensure regular and thorough <b>cleaning and disinfection</b> occurs, particularly in high-touch areas</li> <li>• Ensure all staff are up to date with <b>education and training</b>, including donning and doffing personal protective equipment (PPE) and mask fit-testing, where appropriate</li> <li>• Provide <b>signage</b> with appropriate infection prevention and control messages, including mask wearing.</li> </ul>
Personal protective equipment (PPE)	<p>Recommendations to reduce the risk of COVID-19 transmission in NSW healthcare settings are regularly updated. The <a href="#">COVID-19 Risk Monitoring Dashboard</a> may be used as a resource to understand the latest NSW Health alert level and PPE recommendations.</p> <ul style="list-style-type: none"> <li>• Develop standard operating procedures that clearly define how and when staff should use PPE.</li> <li>• Ensure that staff use appropriate PPE while interacting with other staff, patients, clients or residents.</li> <li>• Encourage all visitors to wear a face mask during their visit.</li> </ul>

<sup>1</sup> Resources to help understand the current status of COVID-19 in NSW communities include: NSW Health - [Respiratory Surveillance Report – COVID-19 and influenza](#); NSW Health – [Locally Acquired COVID-19 Cases](#) and Agency for Clinical Innovation – [COVID-19 Risk Monitoring Dashboard](#). These resources are updated regularly.