

Best Practice COVID-19 Workplace Safety: Hospitals

Factsheet | Version 2.0 | 21 July 2022

This information provides best practice guidance on controls for COVID-19, influenza and other acute respiratory illnesses, in hospitals and other inpatient health facilities. It is not designed for COVID-19 wards or for clinical management of patients with COVID-19.

Please use this information alongside Tasmanian Public Health guidance: *Best Practice COVID-19 Safety for Employers* and related information sheets.

Public Health recommends all workplaces comply with work health and safety requirements and:

- undertake a COVID-19 risk assessment
- develop and maintain policies and procedures to minimise the chances of COVID-19 and other respiratory illnesses spreading within the workplace, as reasonably practicable
- use best practice guidance to inform those policies and procedures.

Risks

Hospital patients may be at increased risk of severe illness from COVID-19 and other viruses; and may be more likely to be exposed to viruses because of the number of people coming and going from hospitals.

It is also important to protect hospital workers who frequently cannot maintain physical distance from their patients or from each other while carrying out their work, and who provide essential services to the community.

Public Health strongly recommends all hospitals undertake a risk assessment and develop and maintain policies and procedures to minimise the chances of COVID-19 and other respiratory illnesses spreading among patients and workers.

COVID-19 requirements

Under the *Public Health Act 1997*:

- people who test positive to COVID-19 must:
 - isolate for at least seven days from the date of their positive test result (this is a minimum requirement; hospitals may extend the duration of isolation in accordance with agreed frameworks)
 - inform Public Health of their positive result if they used a rapid antigen test (RAT)
 - not visit hospitals for at least seven days after their positive result
- close contacts of people who test positive to COVID-19 must:

- test daily for COVID-19 every day they leave their home, for seven days from becoming a close contact
- wear a facemask (unless exempt) in indoor settings outside the home
- isolate and test immediately if they have any symptoms
- not visit high-risk settings, including hospitals (employers may permit close contacts to work in high-risk settings, with risk controls according to the workplaces risk assessment).

Public Health will provide advice on special situations, such as end of life care.

People with symptoms

Public Health strongly recommends anyone with acute (or new) respiratory symptoms including fever, cough, sore throat and/or runny nose, to stay at home, even if those symptoms are mild, and get tested for COVID-19. Testing can be by PCR laboratory test or RAT.

If the result is negative and the person still has acute symptoms, they should stay at home and repeat the test in the next 24-48 hours.

If the result is negative the second time and they still have acute symptoms, they should stay at home until the symptoms resolve completely or there is significant improvement. There are other respiratory viruses, including influenza viruses, that can cause serious illness in some people, and spread easily from person to person.

Anyone with a fever, who feels unwell or has any increase in symptoms should stay home even if they test negative for COVID-19.

If symptoms have resolved or mostly gone, they can return to work. If mild symptoms remain, Public Health recommends they wear a facemask when away from home. If the person has any concerns, or is unsure if their symptoms are improving, Public Health recommends they seek medical advice.

Best practice risk control measures

1. Planning

- Review your COVID-19 safety plan and workplace health and safety policy and procedures.
- Plan how inpatient cases and close contacts will be

managed safely. Maintain your case and outbreak management plan and consider including influenza and other acute respiratory infections in its scope. See the *Case and Outbreak Management Framework for Tasmanian Settings* and related tools.

2. Vaccination

- See *Best Practice Guidance for Workplaces: Vaccination*.
- Strongly recommend, facilitate and consider requiring staff to be up to date with COVID-19 vaccination; strongly recommend and facilitate workers influenza vaccination.
- Recommend patients (planned admissions) and visitors to be up to date with COVID-19 and influenza vaccination.

3. People with symptoms and close contacts

- Instruct staff with COVID-19 symptoms not to attend work.
- Discourage visitors who have COVID-19 symptoms. Display signage instructing people with symptoms, cases and contacts not to visit.
- Support access to PCR testing and have a supply of RATs available for staff and patients, to enable rapid identification of cases.
- Instruct staff who are close contacts to stay home from work; OR consider reallocation or adjustment of roles to reduce risks (if feasible) AND
 - instruct the staff member to do a COVID-19 test and return a negative result before entering the hospital; AND
 - wear a surgical or P2/N95 face mask; AND
 - leave the hospital immediately if they develop symptoms.
- If there is strong reason for a visitor who is a close contact to enter the setting, require them to do a COVID-19 test and return a negative result before entering the setting, and wear a facemask.

4. Face masks

- See *Best Practice Guidance for Workplaces: Face masks*.
- Require use of face masks by staff and visitors in all clinical settings and waiting rooms, including in emergency departments.
- Require use of face masks by staff and visitors when COVID-19 and/or influenza are highly prevalent in the community. Encourage use of face masks in non-clinical settings within hospitals, especially where physical distancing is not feasible.
- Develop and regularly review a local PPE framework, including appropriate use of surgical and P2/N95 face masks and eyewear.

5. Ventilation

- See *Best Practice Guidance for Workplaces: Ventilation*.
- Ensure air handling systems are maintained.
- Open windows and doors if safe, appropriate and feasible.
- Encourage patient visits to occur outdoors if safe, appropriate and feasible.
- Avoid use of fans in clinical settings.

6. Physical distancing, hand hygiene and cleaning

- See *Best Practice Guidance for Workplaces: Physical Distancing* and *Best Practice Guidance for Workplaces: Hygiene and Cleaning*.
- Encourage and facilitate physical distancing in workers meal areas and during staff shift handovers.
- Encourage staff to take meal breaks outdoors, when feasible, and to minimise time with masks removed in shared spaces.
- Encourage and facilitate online meetings and training, when feasible.
- Use telehealth for appointments, when safe, appropriate and feasible.
- Support physical distancing in lecture theatres (for example remove seating in every second seat/row).
- Support physical distancing in waiting areas (for example, refine appointment systems to minimise time spent in waiting rooms).
- Follow standard hospital requirements for hand hygiene and cleaning, as per the National Safety and Quality Health Service Standards.
- Display COVID-19 safety signage.

7. Workers at risk of severe illness

People at risk of severe illness includes those who are not up to date with vaccination and who cannot safely have COVID-19 vaccines), people aged 65 years and older, people with specific underlying medical conditions or compromised immune systems, and pregnant women.

For a detailed list of who is at greater risk of severe illness and factors that can increase risk, see COVID-19 Risk factors for more serious illness.

- Support employees at risk of severe illness from COVID-19 to minimise their risk of exposure to the virus, as feasible within workplace requirements.

The management of COVID-19 continues to evolve, and as evidence accumulates, advice may be revised. Updates are available at www.coronavirus.tas.gov.au. If any information in this factsheet is inconsistent with information on that website, please use the information online.

Best practice risk control measures for management of patients

- Ask patients with planned admissions to be up to date with COVID-19 vaccination and recommend influenza vaccination.
- Maintain a robust infection prevention and control program, as per the National Safety and Quality Health Service Standards.
- Maintain systems to identify and test patients who develop symptoms of COVID-19 (and other respiratory infections) while in hospital.
- Develop a framework for management of cases, including where cases can be safely cared for and the appropriate infection prevention and measures.
- Limit the number of people who spend time in the same room as a case/s and ensure those who do are protected, including by wearing appropriate personal protective equipment, strict hand hygiene, physical distancing from the case and minimising time with the case. Consider whether visits are essential.
- Report cases as per local and national reporting requirements.
- Have information about the setting (size, layout, worker and resident numbers) ready to provide to Public Health to support risk assessment and mitigation, if requested.

Important resources and information

- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021) at www.safetyandquality.gov.au
- National Safety and Quality Health Service Standards at www.safetyandquality.gov.au/standards

Further information

- www.coronavirus.tas.gov.au
- Public Health
 - email: public.health@health.tas.gov.au
 - phone: 1800 671 738

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