Coronavirus (COVID-19)

Movement of healthcare workers and health service employees during coronavirus (COVID-19) pandemic

8 August 2020

What is this factsheet about?

This document provides **guidance on minimising the risk of transmission of coronavirus (COVID-19) as healthcare workers and health service employees move across and within health services** while continuing to provide essential services to patients and to maintain the operations of the health service. This information has been provided in the context of recent developments in the coronavirus (COVID-19) pandemic in Victoria which include:

- increased community transmission
- reintroduction of stay at home directions
- increased health service worker transmission
- the need to maintain capacity to manage staffing needs and meet hospital activity and testing site needs

Who should read this?

Health service leaders, healthcare workers and health service employees in contact with patients or working in the patient space. This includes doctors, nurses, midwives, allied health, paramedics, students on clinical placements, personal care attendants, clerical staff, patient service assistants, security, cleaners, food service staff and those working in other care environments such as Hospital in the Home (HITH) and Residential in Reach (RIR).

Important:

- Healthcare workers (HCW) should not attend work if they are unwell
- HCWs and other contacts who have taken all recommended infection control precautions, including the use of recommended PPE, while caring for a confirmed or suspected case of COVID-19 are not considered to be close contacts[1].
- Staff should minimise contact with patients where this does not impact the quality of care being provided. This includes:
    - o Use of telehealth or virtual consultations when appropriate.
    - o Providing consistent staffing for a patient or area, to limit the number of staff who come into contact with a given patient.
    - o Reducing the number of staff who enter a patient's room during handover and ward rounds
    - o Adequate use of PPE and maintaining physical distancing when appropriate to do so.
- Staff should minimise their face-to-face contact with other staff when it does not impact provision of quality of care. This includes:
    - o Use of videoconferencing or other virtual means for meetings, interviews, performance reviews, and other activities.
    - o Minimising face-to-face contact of critical senior staff (e.g. Department directors, NUMs) to reduce the chance that both will be quarantined due to a single exposure.

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[1] Coronavirus disease 2019 (COVID-19) Case & contact management guidelines for health services & general practitioners V24

o   Wearing personal protective equipment (PPE) to enable staff to safely perform duties and ensure appropriate training is provided.

o   Maintenance of physical distancing, hand hygiene and masks/PPE in activities such as ward rounds, nursing handover, break times, traveling between health services and into other places such as community facilities and homes.

o   Consideration of the minimum number of people who are required to be physically present at rounds and handover.

Information about protecting yourself against coronavirus (COVID-19)

During the coronavirus (COVID-19) pandemic, the Victorian Department of Health and Human Services (the Department) will regularly update its guidance as new evidence becomes available. To find out general information about coronavirus (COVID-19) visit the department's website at:

https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

What does the term 'movement' mean?

Movement refers to the flow of healthcare workers and health service employees **within** a health service (that is, staff moving from one clinical ward to another), **between** health services and into other places such as **community** facilities and homes.

Health service, healthcare service employees and healthcare workers all play a key role in minimising risk during movement.

Are there restrictions on the movement of healthcare workers?

Movement outside of or across health services **is not** restricted by the health service where that forms part of their ordinary work and is necessary for the provision of care or services.

Health services do not have the general authority to restrict or prohibit healthcare worker movement **outside of or across health services where that forms part of their ordinary work and is necessary for the provision of care or services.** Restrictions will occur if the healthcare worker or health service employee is unwell or if exposed or in close contact with a coronavirus (COVID-19) confirmed case. State directions may restrict individual movement as for any other member of the public.

Health services have a role in providing information around risk minimisation during movement and while working in the community. Healthcare workers and health service employees have a role in risk minimisation during movement outside of or across health services and while working in the community.

Health services must put in place measures to decrease the risks associated with healthcare worker movement within their own facilities.

In addition, State and territory governments have applied their own travel restrictions, and these should be followed and may restrict movements. These may change with the evolving nature of the coronavirus (COVID-19) pandemic.

What are the responsibilities of health services to minimise risk during movement?

The principles outlined below apply to all staff movement outside of, across or within health services, during business as usual and the coronavirus (COVID-19) response.

- During the current coronavirus (COVID-19) response, where possible, all planned health service worker rotations to other health services **should be limited**. Exceptions to support health service worker wellbeing should be considered on a case by case basis and in consideration of the needs of the secondment hospital.

- Minimise the movements of health service workers outside of their work environment (ward areas/ other service areas) to only what is necessary.

- Provide clear messaging for agency, and casual staff regarding where they work and what their responsibilities are in that working environment, including infection prevention and control activities and other risk minimisation strategies for coronavirus (COVID-19).
- Health services can also impose a condition of service going forward that staff are only authorised to work at a particular site and may also wish to implement procedures to limit staff working or moving across multiple departments or wards.
- Provide information about risk minimisation during movement within health services, across health services or while in the community. This includes the implementation of coronavirus (COVID-19) patient cohorting and isolation principles in clinical areas (see workforce safety, below.)
- Ensure only healthcare workers essential to the delivery of care are entering suspected or confirmed areas of coronavirus (COVID-19).
- Consider decreasing the potential exposure of each healthcare worker to others (including patients and colleagues) through stable allocation of patients.
- Promote online learning and training activities to minimise face to face contact.

Governance

- Develop and maintain coronavirus (COVID-19) policies and procedures for staff protection and movement.

Workforce Safety

- Maintain up to date records of worker contact details and work location to facilitate contact tracing.
- Ensure access to personal protective equipment (PPE) and infection prevention and control training for healthcare workers, including students, and where necessary for other health service employees, in accordance with the most current Department guidelines, to enable staff to safely perform duties and protect patients.
- Implement coronavirus (COVID-19) patient cohorting and isolation principles in clinical areas
- Ensure only healthcare workers and health service employees essential to the delivery of care are entering areas where patients with suspected or confirmed coronavirus (COVID-19) are being cared for, and laboratory testing areas.
- Consider decreasing the potential exposure of each healthcare worker to others (including patients and colleagues) through the stable allocation of patients where this is feasible.
- Consider rostering practices to cohort healthcare workers into sub-teams (e.g. Team A and Team B within a workgroup).
- Where possible, minimise the movement of staff between different sites within a multi-campus health service.
- Where possible, minimise the movement of staff between departments/areas of a hospital.
- Ensure physical distancing, hand hygiene, and frequent cleaning and disinfection are supported in non-clinical areas where staff may congregate (e.g lunch areas).
- Ensure that healthcare workers and health service employees who are in the most at-risk population groups are supported in non-clinical facing roles, or clinical roles away from suspected or confirmed coronavirus (COVID-19) patients.
- Where possible, allow staff to work from home and consider alternative communication methods such as teleconferencing or videoconferencing.

Coronavirus (COVID-19) monitoring and notification

- Where a health service has chosen to implement a screening process, ensure healthcare worker and health service employee adherence to screening (temperature check and/or symptom check).

- Report healthcare workers confirmed to have coronavirus (COVID-19) in accordance with the Department's notifiable disease requirements.

- Maintain a log of healthcare workers who care for patients with suspected or confirmed coronavirus (COVID-19) and retain the log when the case is confirmed.

- Each health service must maintain a record of all staff who have disclosed to the employer under that they are working across more than one work premises.

Training and orientation

- Orient healthcare workers to newly established work areas (such as COVID-19 units), including the physical environment and area-specific policies and procedures.

- Establish a training process for all relevant staff on standard precautions (including hand hygiene), PPE use and coronavirus (COVID-19).

- Maintain a program of oversight to ensure compliance with precautions and appropriate use of PPE and other infection prevention and control practices (such as hand hygiene).

- Provide clinical training for coronavirus (COVID-19) surge-response healthcare workers to ensure clinical competency and safety in work areas they are not familiar with.

What are the responsibilities of healthcare workers to minimise risk during movement?

Personal safety

- Comply with hospital policy and procedures for infection control and clinical practice, including donning and doffing of PPE.

- Adhere to coronavirus (COVID-19) self-isolation and return to work protocol, where appropriate, and immediately notify manager.

- Comply with screening procedures at health services (where available) on site and prior to starting shift.

- Minimise movement between work areas, and limit activities such as home visits, to essential visits only, and in parts of Victoria not subject to Stage 4 restrictions.

Coronavirus (COVID-19) monitoring and notification

- A worker who has received a positive test result for 2019-nCoV must, as soon as practicable, notify the employer of any work premises which the worker has attended in the period commencing 48 hours prior to commencement of symptoms (or 48 hours prior to their test being taken).

- Ensure that you stay at home if you are unwell, no matter how mild the symptoms.

- Immediately notify your manager if you feel unwell before or during work and if your temperature is above 37.5 degrees or you have any signs of an acute respiratory infection.

- Immediately notify your manager if you note a breach in PPE while caring for a patient with coronavirus (COVID-19) and follow local health service procedures.

- Immediately notify your manager if you have cared for a coronavirus (COVID-19) suspected/confirmed patient and you are likely to work with vulnerable patients (for example, elderly, immunocompromised patients). This includes the potential exposure outside of your usual workplace such as at another health service location, another health service including agency/ contract / sessional shifts.

- Immediately notify your manager if you have been in contact with a coronavirus (COVID-19) suspected/confirmed person outside of the health service setting.

- Staff must provide a written declaration to each employer to advise them they are working at more than one work premises and must provide details of the other work premises to each employer.

Training and orientation

- Complete orientation to a new work area and familiarisation with area-specific policies and procedures.
- Complete relevant clinical training and education to ensure safe practice.
- Complete relevant training provided by each health service you work in on standard precautions including hand hygiene, PPE use and transmission-based precautions including those specific for coronavirus (COVID-19).

What about staff rotations?

Staff rotations should be limited to reduce disruption with moving to a new work area. Additionally, rotations between clinical areas and between vulnerable patient cohorts and other patient groups should be minimised.

Staff should be vigilant when/ if deployed to other health services/ across health service locations.

Staff working in high exposure areas or with vulnerable patient cohorts should consider movement between services and health service locations carefully.

What about student placements?

Students make a valuable contribution to the health care sector and continuity of student clinical placements is important to the functioning of our health system and ensuring future workforce supply. The department supports the continuation of student clinical placements in all clinical settings.

To preserve PPE supply, for students who are not in contact with patients, consider teaching via alternative communication methods such as videoconferencing or teleconferencing where possible.

Are there any exceptions?

Where the wellbeing of an individual healthcare worker is compromised due to movement, either within or between health services, health services should consider exceptions on a case-by-case basis.

To find out more information about coronavirus and how to stay safe visit

DHHS.vic – coronavirus disease (COVID-19)
<https://www.dhhs.vic.gov.au/coronavirus>
If you need an interpreter, call TIS National on 131 450

For information in other languages, scan the QR code or visit
DHHS.vic –Translated resources - coronavirus (COVID-19)
<https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19>

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