



Protecting our Healthcare Workers

Update for healthcare workers | 23 October 2020 |
Healthcare Worker Infection Prevention and Wellbeing

Purpose of this update

This document provides healthcare workers in Victoria with an update on the latest discussions arising from the Healthcare Worker Infection Prevention and Wellbeing Taskforce (the Taskforce). This document reflects discussions from the Taskforce meeting held on Thursday 15 October 2020.

You can find information about the Taskforce at [Healthcare Worker Infection Prevention and Wellbeing Taskforce](https://www.dhhs.vic.gov.au/healthcare-worker-infection-prevention-and-wellbeing-taskforce) on the Department of Health and Human Services website <<https://www.dhhs.vic.gov.au/healthcare-worker-infection-prevention-and-wellbeing-taskforce>>. This includes the [Protecting our healthcare workers action plan](https://www.dhhs.vic.gov.au/protecting-our-healthcare-workers-action-plan-pdf) <<https://www.dhhs.vic.gov.au/protecting-our-healthcare-workers-action-plan-pdf>>.

For the latest data on healthcare worker coronavirus (COVID-19) infections, visit [Victorian healthcare worker coronavirus \(COVID-19\) data](https://www.dhhs.vic.gov.au/victorian-healthcare-worker-covid-19-data) <<https://www.dhhs.vic.gov.au/victorian-healthcare-worker-covid-19-data>>.

Statement regarding aerosol transmission of coronavirus (COVID-19)

The potential for aerosol transmission of coronavirus (COVID-19) has been discussed worldwide. Different jurisdictions, national bodies and countries have various interpretations of the potential risk, and the science is still emerging. The Taskforce discussed this issue, acknowledging that regular reviews of the scientific evidence are ongoing through groups such as the Infection Control Expert Group (ICEG). The Australian Commission on Safety and Quality in Health Care (ACSQHC) are also currently working to revise the National Safety and Quality Health Service Preventing and Controlling Healthcare-Associated Infection Standard.

It was agreed to make a statement on the mode of transmission that acknowledged the potential for aerosol transmission.

Associated documents and guidance are currently being updated to reflect this change. This needs to be done carefully to ensure all guidance aligns including [infection control guidance](https://www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19) <<https://www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19>>. Separately, the [guide to the conventional use of PPE](https://www.dhhs.vic.gov.au/coronavirus-covid-19-guide-conventional-use-personal-protective-equipment-ppe) <<https://www.dhhs.vic.gov.au/coronavirus-covid-19-guide-conventional-use-personal-protective-equipment-ppe>> will also be updated to reflect the Healthcare Roadmap work led by Professor Andrew Wilson.

Mode of Transmission Statement

“Evidence to date suggests that, similar to other respiratory viruses, SARS-CoV-2 (the virus that causes COVID-19) is mainly transmitted by respiratory droplets which are spread from an infected person to others, during talking, shouting, singing, coughing or sneezing. These droplets can also land on objects or surfaces so the virus is transmitted through contact with a contaminated surface or object. Experts agree there is a gradient from large droplets to aerosols, however, those who have been in close or direct contact with a coronavirus (COVID-19) case are at highest risk.

SARS-CoV-2 can also be transmitted via aerosols in specific circumstances. The extent of transmission via aerosols is still being researched, but is well recognised during aerosol generating procedures in a healthcare

setting, and probably important in the context of other behaviours, such as singing or shouting. This risk may be higher in certain conditions such as poorly ventilated crowded indoor environments.

Given the potential for aerosol spread, a precautionary approach has been taken toward controlling this risk in Victoria. This includes the requirement of particulate filter respirators (e.g. P2, N95 respirators) in all care interactions for patients with coronavirus (COVID-19).

The most effective individual measures to prevent the spread of SARS-CoV-2 are good hand and respiratory hygiene, physical distancing, staying home and getting tested if you are unwell, and wearing a mask. Together, these measures minimise the risk of transmission of SARS-CoV-2.”

Consultation on additional guidance for PPE Spotters

Action two in the [Protecting our healthcare workers action plan](https://www.dhhs.vic.gov.au/sites/default/files/documents/202010/Protecting-our-healthcare-workers-action-plan.pdf) <
<https://www.dhhs.vic.gov.au/sites/default/files/documents/202010/Protecting-our-healthcare-workers-action-plan.pdf>> relates to Support for Infection Prevention Control. The Department of Health and Human Services (the department) has been working closely with health services to ensure they have the latest information on infection control procedures and are best equipped to reduce the spread and risk of coronavirus (COVID-19).

This includes releasing initial guidance introducing the role of ‘Personal Protective Equipment (PPE) Spotters’, to provide a coaching role to ensure appropriate donning (putting on) and doffing (taking off) of PPE. While PPE is just one element of a multi-pronged approach to managing infection prevention and control, allocating clear responsibilities to these specific coaching roles helps ensure the appropriate use of PPE at all times.

After consulting widely with health services, the department will provide additional guidance for the PPE Spotter role so health services adopt models that are consistent and adaptable to their risk setting.

The additional guidance includes:

- key principles for engaging PPE Spotters – ensuring that health services adhere to consistent principles such as collaboration and communication
- clear expectations, roles and responsibilities – to help ensure the PPE Spotter is successful in monitoring compliance
- a risk stratification system – to guide health services on determining when a PPE Spotter role is required, depending on the clinical setting and level of risk
- guidance on an appropriate checklist for PPE Spotters to use when advising on donning and doffing PPE.

Revising requirements for asymptomatic surveillance testing

Asymptomatic surveillance testing is a necessary element of a multipronged approach. It enables early identification of healthcare worker infections and helps minimise transmission within and across health settings.

Regular surveillance testing of asymptomatic staff in coronavirus (COVID-19) wards was introduced on 4 September 2020 for an initial six-week pilot. Since then, the department has reviewed initial findings and feedback and is consulting with the Taskforce on the introduction of an expanded, revised surveillance testing program based on a risk stratification process.

The expanded program is under consultation with relevant experts and sector representatives, who will consider the definition of a coronavirus (COVID-19) ward, the range of healthcare workers who are in scope for surveillance testing, and ways of improving testing rates.

Infection prevention in aged care

The department has recently established a program of work to strengthen the aged care sector through five key areas:

- establishing an action plan for every high-risk facility
- promoting assertive and sustained infection prevention and control
- increasing asymptomatic surveillance testing to find new cases of coronavirus (COVID-19) early
- addressing the risks posed by staff working across multiple sites
- adopting a tougher and coordinated compliance regime.

In addition to the above, the department continues to engage with and advocate to the Commonwealth Government as the funder and regulator of the aged care sector.

Next meeting

The next meeting of the Taskforce is scheduled for Thursday 29 October 2020.

To find out more information about coronavirus (COVID-19) and how to stay safe visit

[DHHS.vic – coronavirus \(COVID-19\)](https://www.dhhs.vic.gov.au/coronavirus)

[<https://www.dhhs.vic.gov.au/coronavirus>](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)

[<https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19>](https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19)



For any questions

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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