Protecting our Healthcare Workers

Healthcare Worker Infection Prevention and Wellbeing Taskforce

Circular - 3 September 2020

Purpose of this Circular

The purpose of this circular is to provide a consistent point of reference for the Healthcare Worker Infection Prevention and Wellbeing Taskforce (the Taskforce) members when engaging with other healthcare leaders and workers. The messages in this document provide further information on the work of the Taskforce and are appropriate to share more broadly across the sector.

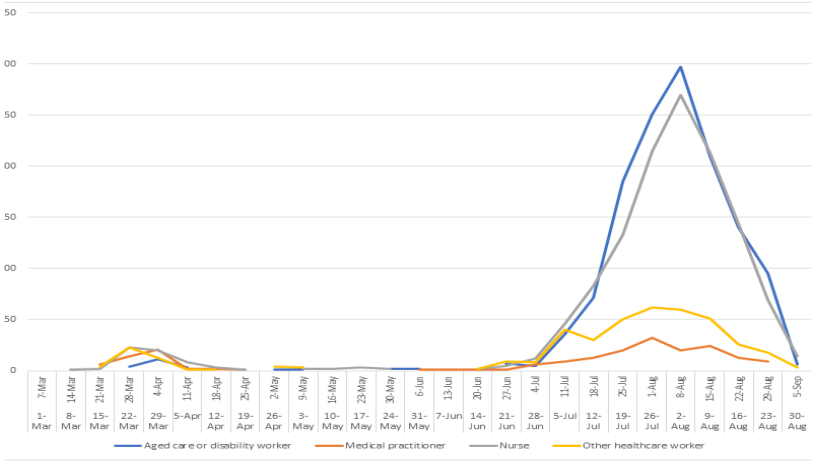
Healthcare Worker Infection Prevention and Wellbeing Taskforce

The Taskforce has been established to collectively provide advice on strategies and processes to reduce the level of work/occupation acquired healthcare worker infections and improve healthcare worker morale and wellbeing. Membership comprises key stakeholders from the Victorian health and aged care sector, including infection prevention experts and worker representatives. The Taskforce is chaired by Prof. Andrew Wilson, Chief Medical Officer, Safer Care Victoria.

The Taskforce held its third meeting on 3 September. Since its establishment the Taskforce has contributed to a range of initiatives designed to reduce the risk of healthcare worker COVID-19 infections acquired in the workplace and improve staff morale and wellbeing.

Healthcare worker infections are declining

The Taskforce noted that the number of health care worker infections peaked in the week 2-8 August with 647 new cases and has declined since. There were 347 new cases during the week of 16-22 August, 191 new HCW infections last week (23-29 August) and only 23 new cases have been recorded since then till 3 September. The graph below illustrates healthcare worker infection rates:



Of the total 2,006 cases acquired in healthcare settings, 60.5 percent (1,214 cases) were acquired in aged-care setting and 32 percent (648 cases) in hospital setting[1]. This data will be updated on Tuesday 8 September 2020 with the release of the Public Data Dashboard.

Increased visibility regarding HCW infection data and two way communication with HCWs

The Taskforce provided feedback on a communications and engagement strategy, which seeks to build trust and confidence with healthcare workers through two-way engagement across a range of channels. The Taskforce conveyed the importance of engaging directly with healthcare workers, emphasising the need to make data and

[1] Data as at 3 September 2020.

information accessible across the sector but also being open to receiving feedback and insights directly from HCWs themselves.

HCWs need to be empowered that when they see opportunities to reduce risk, such as changing practices, they feel free to speak up and are supported to do so by their organisations.

The development of an online engagement platform is one component of this strategy, along with the release of the data dashboard about healthcare worker infections. Good progress is being made on the development of a dashboard to publish data about coronavirus (COVID-19) cases among healthcare workers. This will provide a reliable, transparent source of information via the DHHS website.

Daily attestation for healthcare workers

The Department of Health and Human Services has issued guidance requiring daily attestations by staff confirming that that they are symptom-free prior to commencing a shift or day's work. This applies to public health services, private hospitals including private day procedure centres and residential aged care services. Daily attestations will commence from 4 September 2020. Providers can establish either a verbal or written attestation process. The daily attestation requirement also applies to students on clinical placements in health settings.

Regular surveillance testing for staff working in COVID-19 wards commences on 4 September

To ensure safe workplaces for staff and minimise the risk of cross infections, health services have been requested to put in place regular surveillance testing for staff working in COVID wards. The testing program is designed to rapidly identify early cases of COVID-19 and minimise any undetected spread of the virus to staff. This guidance applies to public and private health services with designated COVID-19 wards for the treatment of COVID-19 patients. COVID-19 wards are defined as where >25% of the ward have patients with confirmed COVID-19.

Testing is voluntary, will be undertaken weekly and conducted for all staff working in the COVID-19 wards regardless of whether they are symptomatic or not at the time of testing. Staff who are asymptomatic at the time of testing are not required to self-isolate whilst waiting for their results.

Safe Staff Amenities

Staff must have access to safe facilities to take meal breaks, use bathrooms and rest without compromising physical distancing and infection prevention control measures. Health services have been asked to undertake a self-assessment of staff amenities against physical distancing standards of one person per four square metres; and at least 1.5 meters space between individuals in staff spaces to reduce person-to-person contact. Staff amenities in scope for this assessment include:

- meals areas (including tea rooms and break rooms)
- rest areas (including sleeping facilities)
- bathrooms (toilets, showers, change rooms and locker rooms)

The self-assessment must be completed by 18 September 2020 and where existing spaces do not comply with the physical distancing standards, health services have been requested to identify solutions including repurposing under-utilised or available space and/or establishing temporary structures such as outdoor marquees with heating/ventilation. The Department of Health and Human Services and the Victorian Health and Human Services Building Standards Authority will work with health services to support implementation of alternative solutions. Additional best practice advice is under development and will be issued to health services.

A program for Respiratory Protection

The taskforce endorsed the development of a statewide Respiratory Protection Program (RPP) to minimise the risk of infection from airborne infectious diseases. The RPP will encompass a range of protections including:

- the appointment of a program administrator in each setting,
- selection of respiratory protections based on risk,
- training in requirements and use including fit checking,
- issuing Respiratory Protection Equipment (RPE),
- fit-testing,
- record keeping and audit and evaluation of the RPP.

Over the coming weeks, taskforce members together with Worksafe Victoria will design a statewide RPP which will be implemented across Victorian healthcare facilities.

Evidence based policy

A COVID-19 Aerosol Hot Spot Analysis has been commissioned by the Victorian Health and Human Service Building Authority to identify potential 'hot spots' in clinical spaces. This study looks at aerosol behaviour and tracks small particles in the air as they are carried in the hospital airstreams determining when and where they hit surfaces and stick to them, creating hot spots. Once completed, guidance will be issued to health services to improve their understanding of hot spots and enhance cleaning and infection control processes.

At this meeting, the Taskforce also reviewed emerging literature on data surveillance systems in place in Singapore and South Korea. These systems are designed to reduce cases of COVID-19 among healthcare workers by monitoring the spread of infection and supporting affected healthcare workers. Further research will be undertaken to identify lessons that can be applied in Victoria.

Next meeting

The next Taskforce meeting is scheduled for 10 September 2020.