

Healthcare Worker Furlough Guidance

COVID-19 Health Service Response

Version 1.2

OFFICIAL

Audience/Doc Type	DCHO for Review and/or Approval
Topics	Guidance to health services and LPHUs for staff furlough decision-making
Links	
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of Health

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SCOPE, ACTION & NOTES

Scope

The document contains an exposure risk matrix for healthcare workers, a recommended furlough action table, and guidance on the implementation process where furlough is recommendable.

The guidance is exclusively intended for decision-making in relation to healthcare workers working in health services. Specific concerns of vaccination centres, residential complexes and aged-care facilities are not considered.

Approval sought

Review and approve (or amend) the following three-page furlough guidance, intended for distribution to LPHUs and Health Services.

Notes

On the *Recommended Actions per Evaluated Risk* table page, the details of an intermediate-level furlough described on Moderate Risk column may be the part where consensus has been hardest to achieve. While some of the consulted experts gave it the nod, and a version of this is recommended by NSW Health, others have questioned whether there is enough evidence to support the eased furlough conditions. One specific hypothesis asserted that lower risk exposure may correlate with lesser exposure to viral particles and longer incubation periods, therefore allowing lower-risk exposures to return to work early may be a mistake.

GUIDANCE: FURLOUGH FOR HEALTH SERVICE WORKERS

Furlough is one of several tools we can use to ensure our health services remain safe places to give and receive care. While any decision to furlough health service staff is up to the Chief Health Officer and their delegates, health services are best placed to assess the operational risk that such a decision may present.

So, the decision of who and when to furlough must not be made in isolation. LPHUs and health services must come together to make the furlough decision. If the impact of a proposed furlough will have a system impact beyond the health service involved in the discussion, then the LPHU will escalate the issue.

This document—including an exposure risk matrix, a recommended actions table and an impact assessment flow—provides a baseline to guide furlough conversations and decision-making. Health Services and LPHUs may tailor actions to best respond to emergent situations, in line with public health policy from the Chief Health Officer.

Healthcare Worker, Exposure Risk Matrix

NB: All exposure category decisions are based on a local risk assessment

Case = Any confirmed positive case of COVID-19 (co-worker, patient, or other)

Until further evidence, risk assessment is unchanged regardless of vaccination status

		EXPOSURE EVENT SCENARIO#						
		No Contact	Low Risk Scenario: Transient, limited and distanced contact that does not meet the definition for face-to-face or close contact.		Medium Risk Scenario: Transient face-to-face contact with a confirmed case OR Non-transient distanced contact in an indoor space.		Highest Risk Scenario: Providing direct care to a case OR Non-transient face-to-face contact with a confirmed case OR Prolonged/cumulative contact in the same enclosed/confined space OR Present during an AGP or during AGB‡ OR Contact with multiple COVID-19 cases.	
PPE WORN BY HCW & CASE DURING EXPOSURE	Staff: No effective PPE Case: With or without mask	No Risk	Moderate Risk <small>Depending on risk assessment</small>	High Risk <small>Depending on risk assessment</small>	High Risk		High Risk	
	Staff: Surgical mask only Case: No surgical mask	No Risk	Low to Moderate Risk <small>Depending on risk assessment</small>	Moderate Risk <small>Depending on risk assessment</small>	Moderate Risk		High Risk	
	Staff: Surgical mask + eye protection* Case: No surgical mask	No Risk	Low to Moderate Risk <small>Depending on risk assessment</small>	Moderate Risk <small>Depending on risk assessment</small>	Low to Moderate Risk <small>Depending on risk assessment</small>	Moderate Risk <small>Depending on risk assessment</small>	High Risk	
	Staff: Surgical mask only Case: Surgical mask§	No Risk	Low Risk		Low to Moderate Risk <small>Depending on risk assessment</small>	Moderate Risk <small>Depending on risk assessment</small>	High Risk	
	Staff: Surgical mask + eye protection* Case: Surgical mask§	No Risk	Low Risk		Low to Moderate Risk <small>Depending on risk assessment</small>	Moderate Risk <small>Depending on risk assessment</small>	High Risk	
	Staff: P2/N95 + eye protection* Case: With or without surgical mask	No Risk	Low Risk		Low Risk <small>Case: Surgical mask</small>	Low to Moderate Risk <small>Case: No mask</small>	Low to Moderate Risk <small>No prolonged/cumulative/physical contact</small>	Moderate Risk <small>Prolonged/cumulative/physical contact</small>
	Staff: Full Tier 3 PPE; no breaches† Case: With or without surgical mask	No Risk	Low Risk		Low Risk		Low to Moderate Risk	

* Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of environmental contamination.
 § Incorrect mask use is to be considered the same as 'no surgical mask'.
 # Documented risk assessment for all exposure events should include evaluation of occupational exposures and of the space, including size and ventilation.
 ‡ AGB = Aerosol generating behaviour (e.g. coughing). AGP = Aerosol generating procedure.

Recommended Furlough Actions per Evaluated Risk

	NO RISK	LOW RISK	LOW TO MODERATE RISK	MODERATE RISK	HIGH RISK
Furlough?	Continue to work	Continue to work	Continue to work, with additional surveillance testing	Furlough Leave workplace immediately. Isolate until Day 5 negative test.	Furlough Leave workplace immediately. Isolate for 14 days from last exposure.
Testing	Be alert to mild symptoms. Test if symptomatic.	Usual surveillance testing of healthcare workers, as per eligibility. See: www.dhhs.vic.gov.au/surveillance-testing-of-healthcare-workers-covid-19-doc	Daily saliva tests at work (or four saliva tests per week, if fewer than four shifts). Day 2 test. May work while result pending. Monitor for symptoms, test if symptomatic. Day 13 clearance test.	Day 2 test. Isolate. Day 5 retest. Isolate while result pending. Monitor for symptoms, test if symptomatic.	Day 2 test. Isolate. Day 4 retest. Isolate. Day 7 retest. Isolate. Day 10 retest. Isolate. Day 13 clearance test.
Workers in COVID Streaming Areas must follow special provisions in the Workplace (Additional Industry Obligations) Directions					
Return to work	N/A	N/A	N/A	If Day 2 test and Day 5 test are negative, may return to work at a single site, with additional surveillance testing. Daily saliva test at work. Day 9 Test. Day 13 clearance test.	Negative day 13 test is needed to return to work
Additional PPE Requirements on return to work?	None	None	Wear a mask at all times on site including staff only spaces. Continue until negative result from Day 5 retest.	Wear a mask at all times on site including staff only spaces. Continue until clearance following Day 13 test.	
Work across sites?	Yes	In general, Yes. Inform all employers of cross-site details.	Yes, but prefer limiting to a single site. Inform all employers of cross-site details.		
Workers in COVID Streaming Areas must follow special provisions in the Workplace (Additional Industry Obligations) Directions. At the time of this guidance, that prohibits work across multiple sites, until three clear days and a negative test result. If there is an outbreak at a workplace—i.e. if there is previously demonstrated transmission—even low-risk exposures should limit work to a single site.					

Please Note that regardless of daily testing – any symptoms require exclusion until resolved.

**Low Risk = Tier 3 PCC
Low-Moderate Risk= Tier 2 PCC
High and Moderate Risk = Tier 1 PCC**

Assessing the Impacts of Recommended Furlough

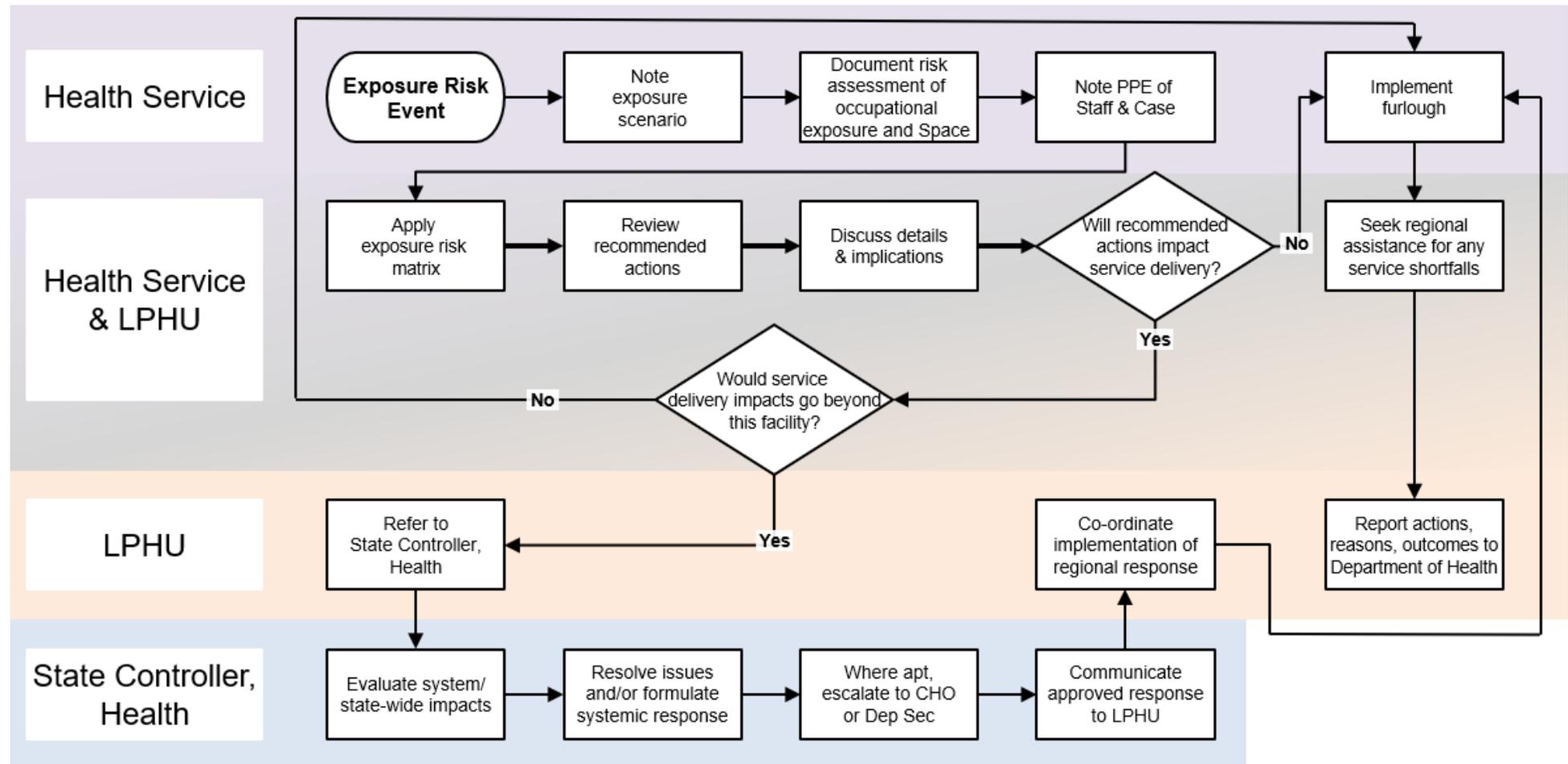
The risk matrix and recommended actions table cannot capture all nuance and potentially influential factors that may arise. Health Services and LPHUs are responsible for operationalising the guidance, and may make decisions to tailor a response.

The health service discusses details of the situation with their Local Public Health Unit (LPHU). Together, they

evaluate the risk in detail and use this resource to review recommended actions.

The implications of a furlough decision are assessed in the context of public health and ongoing service provision. Actions arising out of conversations between a Health Service and its LPHU must be consistent with public health policy and directives from the Chief Health Officer.

If the impacts of furlough would significantly impact on the health service's ability to provide necessary care, the LPHU may help co-ordinate resources. If a furlough would have implications for the broader state health system, the LPHU should refer the matter to the State Controller, Health as a matter of urgency.



To receive this document in another format email COVID-19 Health Service Response <PublicHealth.CCOM@dhhs.vic.gov.au>.

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