NSW Health

Acute respiratory infection advice for staff in high-risk community and/or private settings

This document provides general advice about managing the risk of acute respiratory infections (ARI) for staff who provide health care or patient support in community and/or private high-risk settings. ARI can include COVID-19, influenza, respiratory syncytial virus (RSV) and other viral respiratory infections. Community and/or private high-risk settings include, but are not limited to, healthcare, aged care and disability care facilities and practices.

Resources for high-risk settings

Individual services should plan ahead to determine how they will manage staff, patients, clients and residents with ARI, including those who test positive for COVID-19, influenza or RSV. They should also develop their own COVID-19 Occupational Health and Safety Plans to ensure they meet their workplace health and safety obligations. The following resources may assist:

- **For healthcare workers:**

  COVID-19 and other acute respiratory infections - Managing health worker exposures and return to work in a healthcare setting

  Infection Prevention and Control Manual - COVID-19 and other Acute Respiratory Infections

  Infection Prevention and Control (IPAC) and Healthcare Associated Infections (HAI) Program

- **For residential aged care facilities (RACFs):**

  Advice to residential aged care facilities

  Guidance for residential aged care facilities on the public health management of acute respiratory infections

- **For residential disability care facilities (RDCFs):**

  Advice to residential disability care facilities

  Guidance for disability care facilities on the public health management of acute respiratory infections

- **For home care service providers:**

  Advice to home care service providers.

Recommended risk mitigation measures

Employers in high-risk settings are responsible for ensuring that appropriate mitigation strategies are in place to reduce the risk of ARI for patients, clients and staff. These mitigation strategies include conducting risk assessments for staff who have recently had an ARI or have been exposed to a person with an ARI and following any relevant return to work guidelines.

Employers should conduct a risk assessment to identify appropriate risk mitigation measures before a workplace exposure to ARI occurs, and in response to increased community or facility risk of ARI[1].

The recommendations below can help reduce the risk of transmission of ARI in high-risk settings.

1. Eliminate risk

Reduce the opportunity for an ARI to enter the facility. For example:

- Provide appropriate furlough advice for staff who have an ARI or have been exposed to an ARI

- Facilitate **work from home** arrangements for affected staff members where possible

- Do not allow staff, visitors and clients who have ARI symptoms to enter the facility while infectious or until their symptoms have resolved. Encourage them to get tested for COVID-19, influenza or RSV

- Review staff **COVID-19 and influenza vaccination** status and facilitate access to vaccination for those who are due.

2. Substitute risk

Identify ways to reduce risk of ARI transmission in the workplace. For example:

- **Adjust rosters** so that staff are working in a single site / area and with a defined group of patients, clients and residents as much as possible

- **Limit staff gatherings** in shared areas

- Provide staff with alternative times to access tea rooms and other break areas where possible, particularly if they are coming to work after being exposed to someone with an ARI.

3. Engineering controls

Consider how barriers and other forms of physical hazard reduction can be used to reduce risk. For example:

- Encourage **physical distancing of 1.5 metres** where possible, by implementing e.g. floor markings and barriers to create space at counters, seated areas, etc.

- Encourage **staff to take their breaks outside** where possible

- Ensure that environmental control measures, such as effective [ventilation systems](#), are in place to reduce the risk of infection transmission

- Implement separation and [Infection Prevention and Control Manual - COVID-19 and other Acute Respiratory Infections (IPAC manual)](#) precautions for patients or clients with ARI.

4. Administrative controls

Implement effective and consistent policies and protocols. For example:

- Ensure contingency plans for maintaining care and services are documented ahead of time in a facility's Outbreak Management Plan

- Review workplace IPAC measures in accordance with best practice guidance (See [Resources for high-risk settings](#))

- Undertake regular and thorough **cleaning and disinfection**, particularly in high-touch areas

- Check all staff are up to date with **education and training**, including donning (putting on) and doffing (removing) personal protective equipment (PPE), mask fit checking and fit-testing, where appropriate

- Provide **signage** with appropriate infection prevention and control messages, including mask wearing.

5. Personal protective equipment (PPE)

Use PPE appropriately to protect staff, patients and visitors. For example:

- Develop standard operating procedures that clearly define the type of PPE staff should wear, including how and when to wear PPE

- Ensure staff education, training and competency assessments are in place for donning and doffing PPE

- Ensure staff use appropriate PPE while interacting with other staff, patients, clients or residents

- Encourage visitors to wear a face mask during their visit when community transmission of ARI is increased. Facilities may consider reviewing the NSW Health guide to healthcare visitation for further guidance.

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[1] Resources to help understand the current status of COVID-19 and other ARI in NSW communities include: NSW Health Respiratory Surveillance Report - COVID-19 and influenza, the NSW IPAC Response and Escalation Framework, and the Agency for Clinical Innovation – COVID-19 Risk Monitoring Dashboard.