Revoked - COVID-19 Testing and Vaccination Requirements (Contact by Health Workers with Cases) Direction (No. 2)

This Direction was revoked on 18 May 2021 by the Designated COVID-19 Hospital Network Direction (No. 2).

Summary

Effective from: 12:15pm AEST 12 May 2021 to 18 May 2021

Posted: 12 May 2021

Revoked on: 18 May 2021

Direction from Chief Health Officer in accordance with emergency powers arising from the declared public health emergency

Public Health Act 2005 (Qld)

Section 362B

On 29 January 2020, under the Public Health Act 2005, the Minister for Health and Minister for Ambulance Services made an order declaring a public health emergency in relation to coronavirus disease (COVID-19). The public health emergency area specified in the order is for ‘all of Queensland’. Its duration has been extended by regulation to 29 June 2021 and may be further extended.

Further to this declaration, I, Dr Jeannette Young, Chief Health Officer, reasonably believe it is necessary to give the following direction pursuant to the powers under s 362B of the Public Health Act 2005 to assist in containing, or to respond to, the spread of COVID-19 within the community.

Preamble

The purpose of this Direction is to protect the health of the community and of individuals working in hospitals by mitigating the risk of the spread of COVID-19 by requiring COVID-19 routine surveillance testing, vaccination and mask wearing for health workers working with diagnosed cases of COVID-19.

Citation

1. This Public Health Direction may be referred to as the COVID-19 Testing and Vaccination Requirements (Contact by Health Workers with Cases) Direction (No.2).

Revocation
2. The COVID-19 Testing and Vaccination Requirements (Contact by Health Workers with Cases) Direction made on 31 March 2021 is revoked and replaced by this Direction from the time of publication of this Direction.

Commencement

3. This Public Health Direction applies from time of publication until the end of the declared public health emergency, unless revoked or replaced.

Application

4. This Direction applies to all health service employees, QAS employees and contractors.

PART 1 – DIRECTION - COVID-19 VACCINATION REQUIREMENTS FOR HEALTH SERVICE EMPLOYEES AND QUEENSLAND AMBULANCE SERVICE EMPLOYEES

5. A relevant employee is a health service employee, QAS employee or contractor:

   a. who works in a role that has or is likely to require direct contact with a diagnosed person; or

   b. whose normal work location is in an area where diagnosed persons are treated or accommodated, excluding emergency departments; or

   Example: an area in a Hospital and Health Service such as an infectious diseases ward, an intensive care unit or an area operating as a low-intensity COVID-19 care model, including clinical and non-clinical roles.

   c. who attends or enters an area in paragraph (b); or

   Example: a clinician or nurse who provides care to other patients in an intensive care unit where a diagnosed person is also being treated, or an orderly, security guard, administrative worker or cleaner who works in or enters a ward where a diagnosed case is accommodated or treated.

   d. who works in a quarantine facility; or

   Example: A nurse or other worker who works at a quarantine hotel where overseas arrivals are undertaking mandatory government supervised quarantine. Health workers must be vaccinated and routinely tested as required by this direction, and must also wear a PFR or P2/N95 respirator when in designated zones of quarantine hotels.

   e. who transports a diagnosed person by ambulance or aeromedical services, including from a quarantine facility to a hospital.

6. A relevant employee must, to continue working as a relevant employee:

   a. have received one dose of either Pfizer or Astra Zeneca by 31 March; and

   b. have received a second dose of Pfizer on or around 21 April or a second dose of Astra Zeneca on or around 23 June; and

   c. notify the Health Service Chief Executive or Commissioner Queensland Ambulance Service or their nominated representatives of receiving a vaccination in paragraph (a) or (b).

7. A health service employee, QAS employee or contractor who after the commencement of this direction starts working in a role as relevant employee must:
a. have received one dose of either Pfizer or AstraZeneca before starting work as a relevant employee; and

b. receive a second dose of Pfizer on or about 3 weeks after their first dose or a second dose of AstraZeneca on or around 12 weeks after their first dose; and

c. notify the Health Service Chief Executive or Commissioner Queensland Ambulance Service or their nominated representatives of receiving a vaccination in paragraph (a) or (b).

8. A health service employee, QAS employee or contractor who is not vaccinated as specified in paragraph 6 or paragraph 7 must not knowingly carry out an activity as a relevant employee except where:

   a. emergency care is necessary to be immediately provided to a diagnosed person; or

   b. there is no relevant employee in the Hospital and Health Service area available to provide care to or transport the diagnosed person or to provide services necessary to maintain the safe operation of the ward or area where a diagnosed person is residing or to maintain a safe working environment for staff.

   Examples: clinical and non-clinical staff (cleaners, security, administrative staff or orderlies) who are necessary to maintain the operation of the ward or unit.

9. A health service employee, QAS employee or contractor who is not vaccinated as specified in paragraph 6 or paragraph 7 but who provides care or services as described in paragraph 8 must:

   a. report the contact to the Health Service Chief Executive or Commissioner Queensland Ambulance Service or their nominated representatives as soon as is reasonably practicable; and

   b. undertake surveillance testing under Part 2 as if they were a relevant employee until 14 days after the direct contact occurred.

10. A health service employee, QAS employee or contractor who is not vaccinated in accordance with paragraph 6 or paragraph 7 may continue to work in a Hospital and Health Service, the Department of Health or Queensland Ambulance Service but must not knowingly work as a relevant employee.

   Note: an individual may not be able to be vaccinated due to a medical reason such as risk of anaphylaxis.

11. The Health Service Chief Executive or Commissioner Queensland Ambulance Service must ensure an employee specified in paragraph 10 is temporarily deployed to another work unit until this Direction is revoked.

12. If deployment is not an option the health service employee, QAS employee or contractor must discuss this with their line manager and consult with the local Human Resources Team for other options.

PART 2 – DIRECTION - COVID-19 SURVEILLANCE TESTING FOR RELEVANT EMPLOYEES

13. A relevant employee must:

   a. undertake surveillance testing for COVID-19; and

   b. notify the Hospital and Health Service or Queensland Ambulance Service of being tested; and

   c. if not tested under paragraph (a), not work as a health service employee or QAS employee until in compliance with testing or until 14 days have passed since the employee was a relevant employee.
Note: A relevant employee who does not consent to a COVID-19 test may be subject to a fine if they knowingly continue to attend the hospital and health service or provide ambulance services while untested.

An employee who is already undertaking routine surveillance testing under the Requirements for Quarantine Facilities Direction (No.3) or its replacement can continue to follow those testing requirements.

14. **Surveillance testing** means:

   a. to have a saliva collection test for COVID-19 for each shift worked at the Hospital and Health Service or for the Queensland Ambulance Service, which can be conducted before, during the course of, or after, each shift; and

   b. if away from work at the hospital and health service or Queensland Ambulance Service for 7 days or more, use best endeavours to be tested for COVID-19 with an oropharyngeal and deep nasal swab at least every 7 days while away until 14 days have passed since the employee was last present at work, unless the employee is able to present for a daily saliva collection test; or

   c. for a person already undertaking routine surveillance testing under the Requirements for Quarantine Facility Workers Direction (No. 3) or its replacement, that testing.

   Notes: The requirement for an oropharyngeal and deep nasal swab while away from the hospital applies even if the worker has been vaccinated for COVID-19, as these workers will not be screened with a regular saliva test.

   The employee may present at any COVID-19 testing location while away. A list of testing locations in Queensland and pathology testing forms for each nasal swab test required while an employee is away will be provided to the employee.

15. A **relevant employee** who is tested for COVID-19 as part of surveillance testing and who does not have symptoms consistent with COVID-19 is not required to isolate or quarantine while awaiting a test result unless there is another lawful reason for them to do so.

   Example: a relevant health service employee may be directed to quarantine for another reason such as being identified as a close contact of a person with COVID-19.

16. If a **relevant employee** develops symptoms consistent with COVID-19, they must:

   a. immediately seek medical attention; and

   b. be tested for COVID-19 and **isolate** until a negative test result is received and they are symptom-free; and

   c. comply with other requirements in any other public health direction.

**PART 3 – RECORD KEEPING**

17. The Health Service Chief Executive and the Commissioner Queensland Ambulance Service or their nominated representatives must keep a record of surveillance testing of relevant employees.

18. The information must be stored in a secure database that is accessible to authorised persons only and maintained in accordance with the Information Privacy Act 2009 and the Public Records Act 2002.

19. The Health Service Chief Executive and Commissioner Queensland Ambulance Service must notify the chief executive of the Department of Health, or nominated representative, as soon as practicable of any report made to them under paragraph 9(a).

**PART 4 – P2/N95 RESPIRATORS**
20. The Health Service Chief Executive and the Commissioner Queensland Ambulance Service or their nominated representatives must ensure that relevant employees:

a. are fit tested for a particulate filtration respirator (PFR) or P2/N95 respirator;

b. before each shift, perform fit checking; and

Note for (a) and (b): see The Fit Testing of P2/N95 respirators in respiratory protection programs\(^2\) – Guidance published by Queensland Health for information about fit testing, fit checking and training.

c. wear a PFR or P2/N95 respirator at all times when working as a relevant employee.

21. A relevant employee must comply with the requirements in paragraph 20 to:

a. be fit tested for a PFR or P2/N95 respirator;

b. before each shift, perform fit checking; and

c. wear a PFR or P2/N95 respirator at all times when working as a relevant employee.

22. A relevant employee working at a quarantine facility is required to wear a P2/N95 respirator in the designated zones of the quarantine facility.

Note: Designated zones are specified in the COVID-19 Testing for Quarantine Facility Workers Direction (No. 3) and Operational Protocol for COVID-19 testing of quarantine facility workers and other requirements v.5 and their replacements or successors.

23. A relevant employee who is unable to be fit tested may continue to work in a Hospital and Health Service, the Department of Health or Queensland Ambulance Service but must not knowingly work as a relevant employee.

Note: an individual may not be able to be fit tested and achieve an adequate seal due to the shape of their face.

24. The Health Service Chief Executive or Commissioner Queensland Ambulance Service must ensure an employee specified in paragraph 23 is temporarily deployed to another work unit until this Direction is revoked.

25. If deployment is not an option the relevant employee must discuss this with their line manager and consult with the local Human Resources Team for other options.

PART 5 – OTHER MATTERS

26. An emergency officer (public health) can give a direction to a relevant employee about the conduct of a COVID-19 test or require the employee to provide evidence of being vaccinated as required by paragraph 6 or paragraph 7.

Notes: An individual can provide evidence of vaccination in their immunisation history statement from the Australian Immunisation Register.\(^3\) An individual can obtain their immunisation history statement from the Australian Government using myGov, the Medicare mobile app or by calling the Australian Immunisation Register and requesting a statement to be posted. Information is available at: https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register/how-get-immunisation-history-statement\(^4\)

PART 6 – DEFINITIONS

27. Definitions used in this Direction are in Schedule 1.

28. Words not defined in Schedule 1 have the same meaning as the Hospital and Health Boards Act 2011 or Ambulance Services Act 1991.
PART 7 – PENALTIES

A person to whom the direction applies commits an offence if the person fails, without reasonable excuse, to comply with the direction.

Section 362D of the Public Health Act 2005 provides:

Failure to comply with public health directions

A person to whom a public health direction applies must comply with the direction unless the person has a reasonable excuse.

Maximum penalty—100 penalty units or 6 months imprisonment.

Dr Jeannette Young
Chief Health Officer
11 May 2021

Published on the Queensland Health website at 12:15pm

SCHEDULE 1 – DEFINITIONS

For the purposes of this Public Health Direction:

Astra Zeneca means the AstraZeneca (ChAdOx1-S) COVID-19 vaccine.

Contractor means a person engaged to perform services (clinical or non-clinical) within Hospital and Health Services as an independent contractor, including:

a. contractors and consultants;
b. aeromedical retrieval services;
c. locum workers;
d. visiting medical practitioners;
e. authorised practitioners of a contracted VMO; and
f. workers engaged under an arrangement with an employment agency or workforce labour company.

Diagnosed person means an individual who has been diagnosed with COVID-19.

Emergency officer (public health) means an emergency officer appointed under the Public Health Act 2005.

Note: Emergency officers appointed under the Public Health Act 2005 include public health officers and police and includes emergency officers (medical) and emergency officer (general).

Face mask means a single use surgical mask, P2/N95 mask or a cloth face mask with three layers that covers the nose and mouth but does not include a face shield.

Health service employee means a health service employee engaged under the Hospital and Health Boards Act 2011 in Hospital and Health Services or the Department of Health.

Hospital and Health Service means a hospital and health service as defined in schedule 2 to the Hospital and Health Boards Act 2011.

Isolate means:

g. the person is to travel directly by private vehicle to their home or premises that are suitable to reside in and remain until a negative COVID-19 test result is received and they are symptom-free; or
h. travel directly to, or remain at, a hospital for medical treatment, and following treatment and discharge from the hospital, travel directly to their home premises that are suitable to reside in and remain until a negative COVID-19 test result is received and they are symptom-free; and

i. must not leave their home or the premises except to:

   i. obtain a COVID-19 test if permitted under a direction given to the person by an emergency officer (public health); or

   ii. avoid immediate injury or illness or to escape a risk of harm; or

       Example — escaping a risk of harm related to sexual or domestic and family violence.

   iii. in the event of an emergency situation; or

       Example — a person leaving quarantine to go to a hospital for emergency medical treatment or due to an emergency at the premises such as fire or flood.

   iv. as otherwise permitted or required under a direction given by the person by an emergency officer (public health); and

j. must wear a face mask whenever directed to do so by an emergency officer (public health) and when leaving isolation as permitted by paragraph (c), unless it is not practicable because of the emergency situation or the need to avoid immediate injury or risk of harm; and

k. must not permit any other any other person to enter their home or the premises unless that other person:

   i. usually resides at the premises or is residing at the premises for the purpose of quarantine or isolation at home; or

   ii. is required to enter the premises in an emergency; or

   iii. as otherwise required or permitted under a direction given to the person by an emergency officer (public health).

**Pfizer** means the Pfizer COMIRNATY (BNT162b2 [mRNA]) COVID-19 vaccine.

**PFR or P2/N95 respirator** means a particulate filtration respirator or P2/N95 respirator.

Note — see the Fit Testing of P2/N95 respirators in respiratory protection programs – Guidance

**Public health officer** includes an emergency officer under section 315 of the Public Health Act 2005, a contact tracing officer under section 90 of the Public Health Act 2005 or an authorised person under section 377 of the Public Health Act 2005.

Note: an emergency officer under the Public Health Act includes an emergency officer (general) and emergency officer (medical).

**QAS employee** means a person appointed under section 13 (employees) or section 14 (honorary ambulance officers) of the Ambulance Service Act 1991.

**Quarantine facility** means a hotel or other accommodation premises at which a quarantined person is residing and at which health service employees are providing quarantine services under the COVID-19 Testing for Quarantine Facility Workers Direction (No. 3) or its replacement or successors.

**Relevant employee** see paragraph 4.

**Symptoms consistent with COVID-19** means fever or history of fever, symptoms of acute respiratory infection (cough, shortness of breath, sore throat), loss of smell, loss of taste, runny nose, diarrhoea, nausea, vomiting or fatigue.

Last updated: 18 May 2021