Guideline for Reducing Workforce Impacts related to COVID-19

Queensland Agriculture Coordination Group

Workplace Health and Safety Working Group
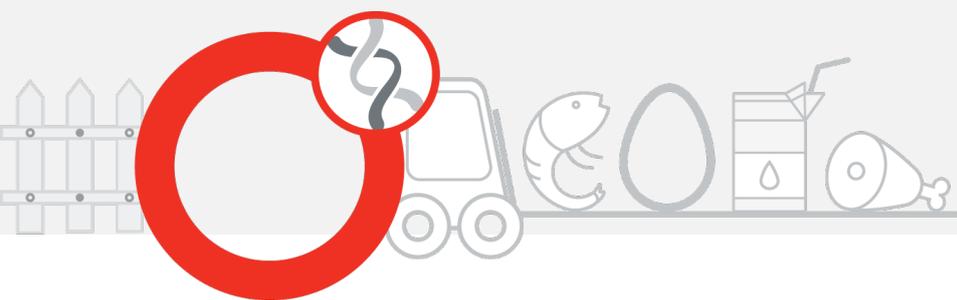
About this document

This document was prepared by Safe Food Production Queensland (Safe Food), in conjunction with the Agricultural Coordination Group's Workplace and Health and Safety working group, which includes industry and government representatives.

The document, which was developed as a guideline to assist industry, is intended to:

- assist in responding to concerns resulting from the WHO declaration of a global pandemic and the potential impact to agribusiness of the application of the Public Health Directions issued under the *Public Health Act 2005*; and
- provide a science-based approach to the application of available tools to reduce the impact on the agribusiness work force and contribute to reducing the risk to the community.

Background

Coronaviruses are a family of viruses that usually cause respiratory illness. They include viruses that cause the common cold and more serious illnesses such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

The coronavirus SARS-CoV-2 that causes COVID-19 is at least as contagious as the common cold, however there is apparently little immunity in the community. This, as well as the potential severity of associated disease, means that the pandemic will have a significant impact on a large number of businesses. It is therefore important to ensure that the best science-based risk mitigation steps are put in place by businesses to limit the likelihood of a staff member with COVID-19 impacting significantly on their operations.

Introduction

This guideline has been prepared to assist Agribusinesses, including food and fibre production and processing businesses, and the industries in which they operate, to understand the risks of COVID-19 to their workforce, and to describe the measures that can be implemented when any of these risks are realised. The guideline was prepared with reference to the concept of *Hierarchy of Controls* (HOC) (for further details regarding this approach please see Attachment 1).

The guideline:

- provides clear definitions of the different categories for workers exposed to COVID-19
- provides guidance on how to estimate the risk from each category of workers
- outlines mitigation actions that can be implemented in the event of a workers being exposed to COVID-19, and
- outlines proactive measures that can be used to inform risk assessment decisions by businesses and related actions that should be taken to protect the workforce and manage the risk into the future.

In many instances, businesses will already be applying good hygienic practices (GHP), workforce management and good manufacturing practices (GMP) to manage other risks. These activities will be beneficial in reducing the impact that a COVID-19 positive worker may have in the workplace.

Supporting documentation

This guideline can be used in conjunction with the Safe Food Checklist for Reducing Work Force Impact from COVID-19. These documents are now considered to be final versions and will not be reissued unless the science supporting these documents changes significantly.

The measures outlined in the G*uideline* are intended to be applied in a complimentary manner, and not as stand-alone interventions, and should be applied in conjunction with industry specific tools. The *Checklist* has been largely superseded by the Queensland Health Work Place Health Management Plan and Annexure A Workforce Impact Reduction Checklist, which was developed in alignment with this *Guideline* and *Checklist*.

The Workplace Health Management Plan has been developed for:

- workplaces that employ, or have as visitors or contractors, interstate workers or seasonal workers and are required to submit a *Health Management Plan* under the relevant Queensland Chief Health Officer Public Health Direction (i.e. border restrictions direction or seasonal workers health management plans direction); or

- Queensland businesses wishing to assess their plans to control COVID-19 associated risks.

Those industries considering assessment of their risk profile may find the Safe Food COVID-19 Impact Mitigation and Risk Matrix to also be of value. The *Risk Matrix* is provided to assist businesses with mapping an approach to managing the impact of COVID-19 on their work force and outlines the principles of a risk-based program.

The document, based around the principles of the current Safe Food accreditation program, is intended to help identify areas of risk and potential adjustments within businesses' existing arrangements to address the latest health advice. There is no one simple process to manage risk. However, Safe Food have developed a best practice risk management approach using six key principles:

- Preventing

- Identifying

- Isolating

- Controlling

- Maintaining

- Tracing

This best practice whole-of-chain approach to risk management can be extended to consider COVID-19 implications and can be applied when responding to the COVID-19 pandemic.
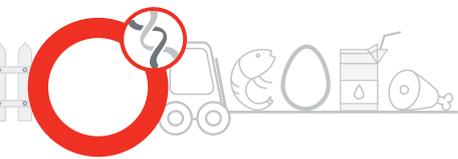
Definitions*

See the contact categories section on page 4 for definitions of "confirmed case," "close contact" and "casual contact."

Enclosed space: The use of the terms "closed space" or "enclosed space" is widely referenced. However, in the context of the horticultural and agricultural sectors the term will rarely reflect the working environment.

When considering the application of these terms, consideration needs to be given to the physical size of the space, physical barriers, positioning of equipment, staff density and the control, if any, of air flow and staff movements, in combination with other risk mitigation activities.

As examples, the enclosed space may be 20 m^2, 200 m^2 or 2000 m^2 and the impact of a confirmed COVID-19 case in each of these examples is different.

In some businesses, the workspace is either open or partially enclosed . Where this is the case, the impact of a confirmed COVID-19 case on fellow workers will be reduced relative to fully enclosed spaces although all other available control measures should continue to be applied.

Quarantine: Separates and restricts the movement of people *who are exposed* to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.[1,2]

Isolation: Separates *sick people* (e.g. confirmed or suspected COVID-19 cases) with a contagious disease from people who are not sick.[2,3]

Personal Protective Equipment (PPE): In the context of this guideline, PPE means clothing or equipment designed to limit the spread of infective droplets and exposure of people to those droplets.

Contact categories

Table 1 provides the contact category definitions and the outcome (i.e. actions) relevant for each category. These definitions are based on definitions provided in the current CDNA guideline which is referenced in the Queensland Workplace Health Management Plan. Figure 1 provides a graphic representation of the categories.

Table 1: COVID-19 case contact definitions and outcomes

| Criteria	Outcome
Confirmed case A person who tests positive to a validated test	After seeking medical attention, the person must remain isolated until health authorities inform them it is safe for them to return to their usual activities.
Close contact A *close contact* is defined as someone who: • has had more than 15 minutes of face-to-face contact (in any setting) with a person with confirmed or probable case of COVID-19 (including in the 48 hours before their symptoms appeared, or • has shared a closed space (e.g. office or sealed room) with a person with confirmed COVID-19 for more than 2 hours (including in the 48 hours before their symptoms appeared).	Workers who may have been in close contact with a confirmed case of coronavirus, are required to self-quarantine for 14 days. Self-quarantine means staying at home, in a hotel room or provided accommodation, and not leaving for the required quarantine period. Only people who usually live in the household should be in the home. Do not allow visitors into the home.
Casual contact A *casual contact* is someone who has been in the same general area as a person who has tested positive for COVID-19 while infectious. You are a *casual contact* if: • You have had less than 15 minutes face-to-face contact (in any setting) with a confirmed case (including in the 48 hours before their symptoms appeared) • You have shared an enclosed space with a confirmed case for less than 2 hours (including in the 48 hours before their symptoms appeared)	Casual contacts do not need to be excluded from work while well.

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Figure 1

Exposure defined by contact with a confirmed case and the increased risk depending on the type of contact: i.e. casual or close contact with an infected individual

Labels in figure: casual exposure; contact with known postive; postive case/ symptomatic / post OS travel
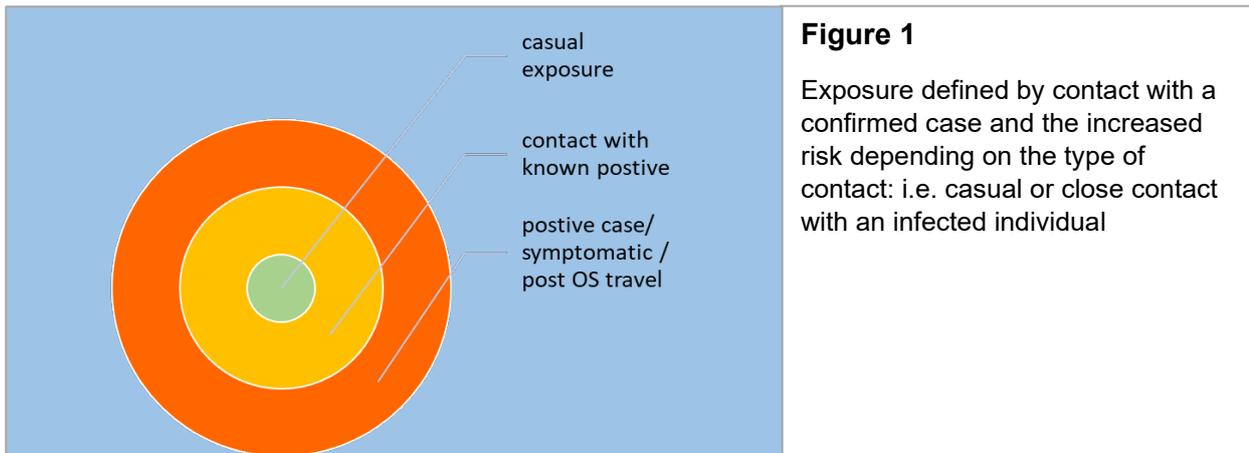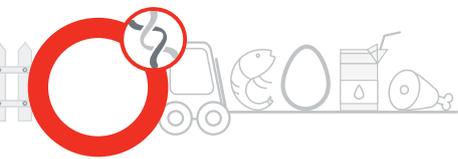
Transmission and social distancing

COVID-19 is most likely to spread from person-to-person through:

- Close contact with a person while they are infectious. This includes the 48 hours before their symptoms appear. Some individuals who are infectious may not exhibit any symptoms or the symptoms could be very mild.
- Close contact with a person with a confirmed infection by droplets, through normal speaking, coughing or sneezing.
- Touching objects or surfaces (such as door handles or tables) contaminated from infections particles or droplets from an infected person and then touching your mouth or face.

In the context of this guide the recommendations for social distancing include:

1) Reducing the contact with the general community by leaving your place of residence only when necessary. In this context, this means that workers should attend work and comply with all current government regulations and directives regarding other non-work-related activities that may be non-essential.

2) Reducing the size of meetings to meet the current requirements for one person per 4 m^2. This includes staff meetings, training sessions, lunch breaks, shift cohorts and shift triage.

3) Maintaining a distance of 1.5 metres between people whenever possible. This should be considered in the context of team meetings; workstations; production lines; picking rotations; smoking areas; lunch, break and change rooms.

4) Minimising physical contact – no handshakes, or other physical contact except between family members.
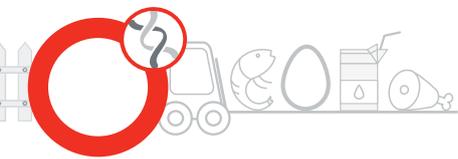
Risk-based decisions

In the absence of clear criteria to inform risk-based decisions regarding work force isolation, the principles below may be applied to mitigate community risk.

1) Withdrawal of confirmed positive cases from social/business situations to provide health care and reduce community risk
2) Withdrawal of *close contact* individuals to investigate infection status and reduce risk until infection status is confirmed or isolation period is completed (currently 14 days)
3) Monitoring the health of other individuals to reduce risk within the workforce

As represented by Figure 2 , the impact of these individuals on workforce situations can best be characterised by considering the type of exposure, the time period of the exposure (how long) and the physical proximity of the workers when the contact took place.

Based on these characterisations, individuals can be considered as representing a higher or lower risk, with the actions to be identified and implemented dictated by the severity of risk.

It is important to note that all food businesses are responsible for managing their risks and working to reduce the impact of those risks. This reflects contemporary risk management models, such as the example provided in Figure 3. In order to reduce those risks a business will need to address a number of impact mitigation measures detailed in the next section.

Figure 2

The highest risk exists where time, distance from a positive worker and type of exposure to others intersect.

Risk mitigation that reduces these three factors will reduce the risk of the transmission of the disease in a work environment and the disruption to the workplace.


Figure 3

Risk-management model based on Safe Food's approach to food safety risk management within food businesses.

Measures to reduce the impact of COVID-19 on your workforce

Being able to demonstrate how hygienic and social distancing measures are implemented will assist in mitigating the impacts of confirmed COVID-19 cases within the workforce. This may also reduce the number of staff who may need to be removed from the normal workstream.

Documentation that can be used to verify the implementation of these measures also provides a body of evidence to inform any discussions with Queensland Health regarding quarantine, isolation or deployment of individuals within a business's workforce.

Many of the measures below should already be implemented by food businesses to control known non COVID-19 food-borne and biosecurity risks. For example, the systems used to facilitate compliance with existing requirements of Standard 3.2.2 *Food Safety Practices and General Requirements* of the Australia New Zealand Food Standards Code should also support the health and hygiene measures noted below.

Health & Hygiene

- Strict adherence to good manufacturing and hygienic procedures, with an increased focus on effective cleaning routines, contact surfaces, equipment, tools and facilities, including:
  - increased surveillance of hygiene effectiveness
  - ensuring sufficient access to hand washing and hygiene stations
  - heightened diligence with regard to cleaning and sanitising of the food production environment and equipment, particularly high-contact areas including lunchrooms, change rooms , smoking areas and bathrooms
- Appropriate use and disposal of personal protective equipment.
- Ensure a "fit for work" policy is in place to prevent site access by staff who may place the business at risk.
- Other measures such as documented and recorded COVID-19 training, a recorded health check prior to daily work or shift , and the wearing of specifically approved PPE (e.g. change of clothes to coveralls) for site entry.

Distance

- Maximise distance between employees, especially where close contact is not necessary.
  - Where possible maintain social distancing. However, where distancing is not possible for all employees, identify worker cohorts where close contact will occur and segregate worker cohorts by time or space based on close-contact likelihood. This includes during work activities as well as during meal breaks, smoking breaks, travel, accommodation and work-place socialisation.
  - Maintaining social distancing in the absence of effective hygiene practices may not prevent the spread of this virus, especially in common areas of the workplace such as change rooms, lunchrooms and other amenities. Therefore, businesses must be vigilant in their hygiene practices, including frequent and proper hand-washing and routine cleaning of all surfaces.
  - Workers should adhere to community guidance for social distancing outside of work to support these measures
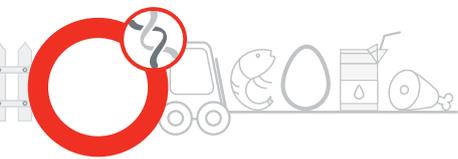
- Minimise rotation or movement of staff through different work areas to keep close contacts to a known network including meal and smoke breaks (this will assist with internal contact tracing).

- Where feasible, splitting teams or units into smaller groups will reduce the number of workers impacted if a case of COVID-19 occurs in a team.

- Stagger or increase time between shifts to minimise unnecessary interactions between workgroups and eliminate bottlenecks (e.g. anterooms or carparks). Gaps between shifts can also provide a window for cleaning between work cohorts.

- Restrict face-to-face meetings.

Awareness

- Educate staff on the process to be followed if a worker is excluded from the workplace as result of being identified as a confirmed case or close contact. This should include the process for returning to work and may include discussion of job security or leave arrangements. The aim is to encourage staff self-reporting of suspected illness.

- Managers to identify workers with symptoms of illness (particularly respiratory) for exclusion from work.

- Distribution of information from authoritative sources to heighten staff awareness of the importance on implementing controls to prevent COVID-19 spread.

The business will also need to consider their action when a staff member or Queensland Health advise that a positive detection has occurred (as outlined in Table 1). This, will include, where relevant:

- Transport from the site to appropriate accommodation or health facility.

- Contact tracing of potentially impacted staff. This must be done while maintaining strict confidentiality for all staff impacted.

- Increased hygiene and cleaning of surfaces, equipment and break rooms, toilets and hygiene stations which may have been used or accessed by the staff member while infectious.

- Where accommodation is provided by the business, the review of other staff that share the accommodation and the potential for quarantining of impacted staff in that accommodation, if required.

- Interstate residents who are required to cross the Queensland border for work are to comply with the Queensland Government restriction exemptions.

- Any actions based on Queensland Health advice.

Workforce recruitment

If you're a producer, COVID-19 may impact your ability to source harvesting and production workers. Many businesses have relied on a regular pattern of seasonal workers and a stable, permanent workforce for many seasons, but there are other ways to recruit, such as those listed below.

- Use the Harvest Trail online facility at https://jobsearch.gov.au/harvest

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- Lodge vacancies directly onto jobsearch.gov.au or register your business on the [Jobactive website](#) to post positions for free.
- Contact a licensed Labour Hire service provider https://www.labourhire.qld.gov.au/

If you need additional advice on these services, you can contact your local agriculture workforce officer here at the [Agricultural workforce advice page](#)

The importance of hand hygiene and cleaning in preventing transmission of respiratory infections

Food businesses should continue to consistently and correctly clean and sanitise food preparation environments in accordance with their food safety program. This is particularly important for those surfaces that people regularly touch (e.g. door handles). The Department of Health has published information about routine environmental cleaning and disinfection in the community [here](#).

A number of studies have demonstrated the importance of hand hygiene and cleaning in preventing transmission of respiratory infections that are transmitted by droplet spread. It is expected that hand hygiene and cleaning will also be effective in reducing the risk of transmission of SARS-CoV-2.

For example, a study by White and colleagues[4] found that the promotion of hand hygiene through regular handwashing and the use of hand sanitiser, together with increased cleaning of surfaces (particularly door handles, counters, taps, etc), reduced the risk of respiratory illness by up to 40% among students living in a dormitory. This is a substantial effect and shows how important hand hygiene and cleaning is in preventing spread of respiratory infections.

WHO advises that thoroughly cleaning environmental surfaces with water and detergent and applying commonly used disinfectants (such as sodium hypochlorite) are effective and sufficient procedures [5]. Other researchers have shown that similar coronaviruses (MERS-CoV and SARS-CoV) can be efficiently inactivated by surface disinfection with 62-71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite within 1 minute [6].

Due to the nature of SARS-CoV-2, soap and normal household detergents can be used for cleaning hands and surfaces. It is important to also use mechanical cleaning, rather than just relying on the application of a detergent solution onto the surface. Workers living in dormitories can be rostered on to clean common surfaces at various times in the day/evening to ensure that this is done regularly in a cost-effective manner.

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Advice on the use of face masks in the workplace

Generally there are 2 types of masks referred to in the context of COVID -19; surgical masks and P2 or N95 masks. While the use of PPE is appropriate in many food businesses for controlling foodborne risks and animal diseases, the Department of Health does not recommend the use of PPE (face masks) in workplaces in order to prevent the spread of SARS-CoV-2. This is for the following reasons:

1. There is limited evidence that the use of face masks (surgical masks) will reduce the risk of acquiring the infection from others. Their main benefit appears to be that it reduces the likelihood of people touching their faces. However, they need to be changed regularly and people need to be instructed in how to use them to be effective in reducing the risk of infection.

   - There is some evidence that the masks can become contaminated with respiratory viruses and therefore still pose a risk for infection, particularly if they are not changed regularly.

   - Masks accumulate moisture and particles from the air, and they become less effective as a result. Hence, they need to be changed regularly.

2. Health care workers are most at risk of acquiring SARS-CoV-2 because they have continued contact people who are potentially infected.

3. Face masks can be uncomfortable to wear, particularly over long periods and constant rearrangement of the masks can reduce their effectiveness and increase the likelihood of wearer's hand becoming contaminated.

4. P2 masks must also be fitted in order to be effective in reducing the risk of respiratory infections. These should be reserved for health care workers treating people with respiratory illnesses during high risk procedures. They need to be replaced regularly in order to remain effective and additionally, when fitted correctly can be uncomfortable to wear, and can make it difficult to breathe. There is currently limited supply of these masks.

5. If face masks of either type are to be used, they need to be disposed of hygienically as is the case for all other PPE.
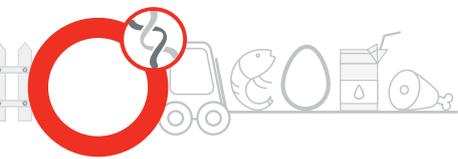
Scenarios

These scenarios are intended to illustrate the impact and likely actions for agribusinesses and their workforce, with reference to type of exposure, the time period of the exposure and distance (space) between workers.

Horticultural environment

Farm A produces baby spinach for bagged salad mixes. Farm A also processes and packs this product in a facility on-farm.

Scenario 1

Bill works on the packing line at Farm A. Yesterday, Bill attended work and spent his day at his workstation which is 1 meter away from two co-workers (Jason and Jill) on the packing line. Max also works in the packing facility on a 6-hour shift with Bill but does not work in close proximity to Bill. He works on the same line but at the final step of the packing line. He does have close contact or share lunch with Bill. Bill lives off-site with his family. Bill began to feel unwell with respiratory symptoms that indicated he may have COV-19 .

- Bill is required to follow medical advice and be excluded from the business until advised by medical professionals. Bill is tested for COVID-19 and is advised that his test is positive . Contact tracing related to this positive result begins.
- Jason and Jill do not have any symptoms of COVID-19 but have been working in proximity (less than 1.5 meters distance) to Bill and are required to self-quarantine*.
- Whilst Max did not work near Bill, he spent longer than two hours inside an enclosed space** with Bill, therefore he must self-quarantine*.
- The farm director, Angela, does not work in the packing facility. Angela dropped in for a 20-minute face-to-face discussion with Bill whilst visiting the farm. Angela will also be required to self-quarantine.

Scenario 2

Henry works at Farm A, harvesting baby spinach from the field. Henry visited the local supermarket to collect his groceries. There were few people present at the time and Henry maintained a 1.5 m distance during his shopping expedition and at the counter. Henry does not know if he crossed paths or was exposed to another shopper and when another community member is determined to be COVID positive, contact tracing indicates that the likelihood is low.

- Henry should continue to monitor his health but at this there is no need for Henry or any of his immediate co-workers to self-quarantine at this stage.

Scenario 3

Chelsea also works at Farm A and lives in dormitory on Farm A with some of her colleagues Chelsea dropped groceries at her elderly mothers' house yesterday and spent one hour there. Chelsea since found out that her mother has tested positive for COVID-19.

- Chelsea must self-quarantine for 14 days from her last contact with her mother. Chelsea must self-quarantine in a room on her own for that period and not share a bathroom, eating utensils or any other equipment with other residents. If this is not possible, she may need to relocate. If she becomes unwell during that period, Chelsea must contact a doctor immediately.

- The best option for managing risk would be to remove Chelsea or her colleagues from the dormitory for the duration of the self-quarantine. All hygiene practises should be increased during this time, including bathrooms, kitchen and utensils.
- If Chelsea progresses from a suspect to confirmed case further actions would need to be undertaken based on Queensland Health advice.
- Chelsea's colleagues do not need to isolate if Chelsea stays well.

Risk descriptions

Case	Risk	Comments
Bill	High	Off-site at the time of confirmation
Jason and Jill	Moderate*	
Max	Moderate	
Angela	Low	
Henry	Low	Incidental exposure
Chelsea	Moderate	
Chelsea's mother	High	
Chelsea's house mates	Low	This would change if Chelsea showed symptoms or returned a positive test

* The risk descriptions above apply where no control mechanisms have been implemented to mitigate the risk. In the absence of any controls, the business will be unlikely to be able to reduce its work force loss where workers are in *close contact*. Where controls have been implemented, there is opportunity to reduce work force reduction.

** When considering the application of the term "enclosed space", consideration needs to be applied to the physical size of the space, the staff density and the control, if any, of air flow and staff movements, in combination with other risk mitigation activities. As an example, the enclosed space may be 20 m^2, 200 m^2 or 2000 m^2 and the impact of a confirmed COVID-19 case in each of these examples is will differ.

Livestock environment

Company B is a meat processing facility with an onsite abattoir.

Scenario 4

Xian Zu works as a carcase trimmer and is the shift manager. Yesterday, Xian Zu attended work within a large temperature-controlled processing floor to spend his day at his workstation, which is 1 meter away from two co-workers (Juanita and Jethro) on the line. Mike also works in the facility on a 6-hour shift with Xian Zu and works at a workstation more than 1.5 metre from Xian Zu. Mike does not have close contact or share lunch with Xian Zu. Xian Zu does not live with any of his co-workers. Xian Zu tested positive for COVID-19.

- Xian Zu is required to follow the directions and advice of Queensland Health medical and public health unit staff. He will be required to be excluded from the business until advised by Queensland Health.

- Jethro and Juanita do not have any symptoms of COVID-19 but have been working in close contact (face to face contact for more than 15 mins, and less than 1.5 meters distance for more than 2 hours) to Xian Zu. Both Jethro and Juanita are required to monitor for symptoms and self-quarantine*.

- As Jethro lives with his pregnant wife, he is sleeping in the spare room and maintaining physical separation and diligent personal hygiene, so the kitchen and shared areas are not contaminated. For example, they don't share the remote control, Jethro has his own eating utensils and is cleaning these thoroughly with soap and hot water.

- Whilst Mike did not work near Xian Zu, he spent longer than two hours inside an enclosed space ** with Xian Zu, therefore he must self-quarantine*.

- The local pest control representative, Andrew needed to speak to Xian Zu as he manages the shift when the treatment was scheduled. Andrew dropped in for a 20-minute face-to-face discussion with Xian Zu in the small meeting room at the site (2.5m^2). Andrew will also be required to self-quarantine.

Scenario 5

Hansie lives in his own accommodation and works at Company B. He filled up his petrol tank at the local service station, where John, also a local resident, also refuels. There were few people present at the time and Hansie maintained a 1.5 m distance during his stop at the service station and at the counter. Hansie used hand sanitiser after filling his tank and again before he got into his car. Hansie does not know if he crossed paths or was exposed to John. John was unaware that he had COVID-19 until he went to the doctor with symptoms.

- Queensland Health contact tracing indicates that the likelihood of Hansie and John being at the service station at the same time is low. Hansie should continue to monitor his health but at this time there is no need for Hansie or any of his immediate co-workers to self-quarantine at this stage.

Scenario 6

Por also works in administration at Company B although and lives in dormitory provided by the company some of her colleagues. Por had a physiotherapist appointment with Suzette at Suzette's clinic, which lasted an hour. Por has been notified that she has been in contact with an infected individual (Suzette has tested positive for COVID-19.)

- Por must self-quarantine and monitor for symptoms for 14 days after the contact occurred. Por needs to stay in a room on her own for that period and not share a bathroom, eating utensils or any other equipment with other residents. If this is not possible, she may need to relocate, or her colleagues may need to find other accommodation.

- If Por becomes unwell during that period, she must contact a doctor immediately. The best option for managing risk would be to set-up work from home arrangements and remove Por or her colleagues from the dormitory for the duration of the self-quarantine period. All hygiene practises should be increased during this time, including bathrooms, kitchen and utensils.

- Por's colleagues do not need to self-quarantine unless Por becomes ill or is tested and returns a positive result.

- If Por progresses from a suspect to confirmed case further actions would need to be undertaken based on Queensland Health advice.

Risk descriptions

Case	Risk	Comments
Xian Zu	High	Off-site at the time of confirmation
Juanita and Jethro	Moderate*	
Mike	Moderate	
Andrew	Low	
Hansie	Low	Incidental exposure
Por	Moderate	
Suzette	High	
Por's house mates	Low	This would change if Por showed symptoms or returned a positive test

* The risk descriptions above apply where no control mechanisms have been implemented to mitigate the risk. In the absence of any controls, the business will be unlikely to be able to reduce its work force loss where workers are in close contact. Where controls have been implemented, there is opportunity to reduce impact and work force reduction.

** When considering the application of the term "enclosed space", consideration needs to be applied to the physical size of the space, the staff density and the control, if any, of air flow and staff movements, in combination with other risk mitigation activities. As an example, the enclosed space may be 20 m^2, 200 m^2 or 2000 m^2 and the impact of a confirmed COVID-19 case in each of these examples will differ .

Scenario extension

Farm A employs seasonal workers. A workplace health management plan is **mandatory** in Queensland for all agribusinesses, commercial fishing business or agriculture labour hire companies that employ seasonal workers (including non-permanent residents, temporary visa holders and backpackers). Some of Farm A's seasonal workers stay at Dave's caravan park . As Dave's caravan park is accommodating seasonal workers he is required to have an Accommodation and Transport Health Management Plan (that is submitted to Queensland Health).

Farm A uses a mini bus service which picks up the workers and takes them to the farm in the morning and them returns them back to their accommodation after their shift. Jen's mini bus company can access information regarding providing transport at Safe Work Australia . As Jen transports seasonal workers to and from a workplace, Jen is required to have an Accommodation and Transport Health Management Plan in place, including appropriate record keeping.

Sheryl works at Farm A at this time every year and is a seasonal worker. During this time, she lives in a small cabin at Dave's caravan park with two of her friends who are working at the same farm. They are considered as a family unit by Dave and at the farm they work as a team in the field picking. Sheryl and her friends are picked up and dropped off in Jen's mini bus. In the afternoon after work Sheryl dropped groceries at an elderly friend's flat and spent two and a half hours there cleaning and ironing to assist her. When she finished her visit, Sheryl and her friends whom she shares the cabin with, took their meals to the picnic ground at the end of the park. While there, a small group of back packers staying in the park in a campervan and looking for work locally, joined them. They sat chatting for an extended period without practising social distancing.

Sheryl has since been notified that she has been in close contact with an individual who has tested positive for COVID-19. This will turn out to be her elderly friend although Sheryl will not be made aware of the identity of the positive contact due to patient privacy.

- Sheryl must *self-quarantine* for 14 days from her last contact with the COVID-19 positive individual until she is advised that she no longer is required to do so. She must *self-quarantine* in a room on her own for that period and not share a bathroom, eating utensils or any other equipment with other residents. If this is not possible, she may need to relocate. If she becomes unwell during that period, Sheryl must seek medical advice immediately.
- Sheryl's co-workers who share her accommodation are unlikely to be able to maintain separation as they are in a small cabin and the cooking and bathroom facilities are shared. So, either Sheryl will need to move to cabin on her own or her co-workers will need to move to an alternative accommodation. Sheryl's colleagues do not need to *self-quarantine* if Sheryl stays well but must not continue to share the same cabin.
- If Sheryl progresses from a suspect to confirmed case further actions would need to be undertaken based on Queensland Health advice.

Permanent residents and resource workers who reside at the caravan park who have not had close contact with Sheryl nor shared any facilities with her do not need to self-quarantine

Risk descriptions for the individuals and in terms of the business

Case	Risk	Comments
Sheryl	Moderate	This would change if Sheryl showed symptoms or returned a positive test
Sheryl's elderly friend	High	This individual is the positive case. Any *close contact* will be contacted
Sheryl's cabin mates and co workers	Low if able to manage any further contact with Sheryl	This risk is best managed by moving either Sheryl or her colleagues to an alternative accommodation
Backpacker group'	Low	No action is required unless Sheryl becomes ill or returns a positive result. If, however she does become ill or tests positive, these backpackers may need to be contacted. This group would be best advised to investigate backpacker information to ensure they meet the public health directions and can apply for work appropriately. Backpackers and seasonal workers looking for harvest work should not show up to a farm. They are best to register their availability at Harvest Trail.
Dave	Low	As Dave provides accommodation to seasonal workers, he is required to submit a *health management plan* to Queensland Health and manage the park to the details he has provided in the plan. He will be contacted as part of contact tracing and the *health management plan* will further assist contact tracing of any impacted individuals in the caravan park and determining if any further people may be required to *self-quarantine.*
Jen	Low	There is no need for Jen to take any action unless Sheryl becomes ill or tests positive . If Sheryl becomes positive Jen would be contacted as part of the contact tracing. This may mean that Jen will need to *self-quarantine* and the minibus may require further cleaning. Other workers who have been in the bus may be contacted. Jen's *health management plan* will assist in this contact tracing.

Acknowledgements

Safe Food would like to thank the ACG WHS members who provided information, commentary and support to inform this document.

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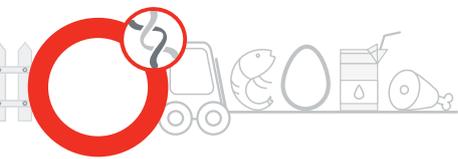
Revision history: Checklist for Reducing Workforce Impact from COVID-19

Version	Date	Revised by	Revisions
1.1	07/04/2020	Safe Food	Updates to grammar, definitions, clarification of terms, additional hyperlinks
1.2	16/04/20	Safe Food	Update to scope of guideline
2.7	3/07/20	Safe Food	Addition of details regarding HOC and the Safe Food Risk matrix, updated definitions, change of the term "space" to "distance" updated hyperlinks, revised scenarios, minor grammatical errors

Attachment 1: Guideline for Reducing Workforce Impacts - COVID-19: Application of the hierarchy of controls

Many agribusinesses will be familiar with the concept of *Hierarchy of Controls* to protect workers from workplace risk by assisting in determining how to implement feasible and effective control solutions. An example HOC model from The National Institute for Occupational Safety and Health (NIOSH) reflects a multilayered approach to risk reduction, with implementation of each step required to effectively reduce risk.

Diagram 1
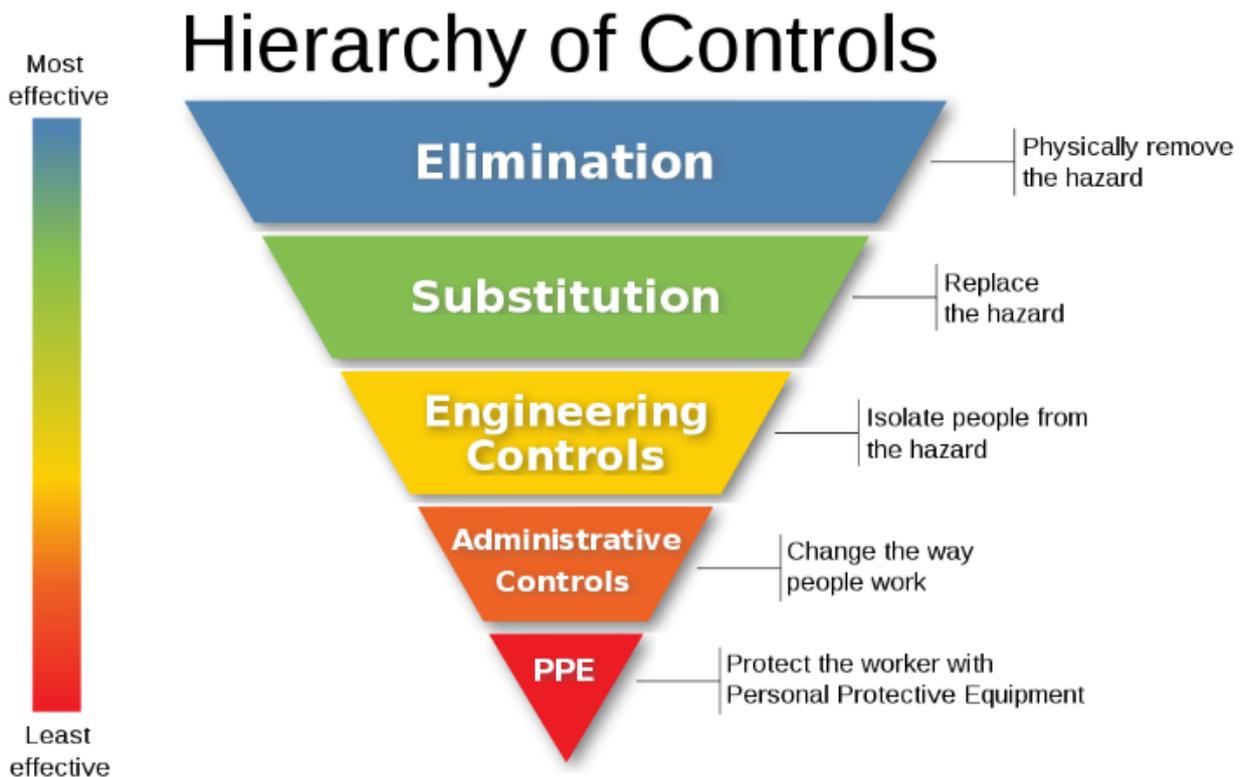
This approach is useful when considering the impact of COVID 19 and its impact on the workforce. Where the hazard is considered as the introduction into the workplace of an infected worker, *elimination* of the risk forms the most significant and effective control measure. *Administrative controls* and *PPE* are frequently used with existing processes where hazards are not particularly well controlled and may be relatively inexpensive to establish, but over the long term can be very costly to sustain. These methods for protecting workers have also proven less effective than *elimination* and *engineering* control measures, requiring significant effort by the affected workers.

The model below reflects a modified HOC approach to consider Impact Mitigation Measures to reduce the risk of workforce reduction due to the identification and removal of close contacts.

Attachment 1: Guideline for Reducing Workforce Impacts – COVID-19: Application of the hierarchy of controls

Diagram 2: Hierarchy of controls for COVID-19 Risk Reduction
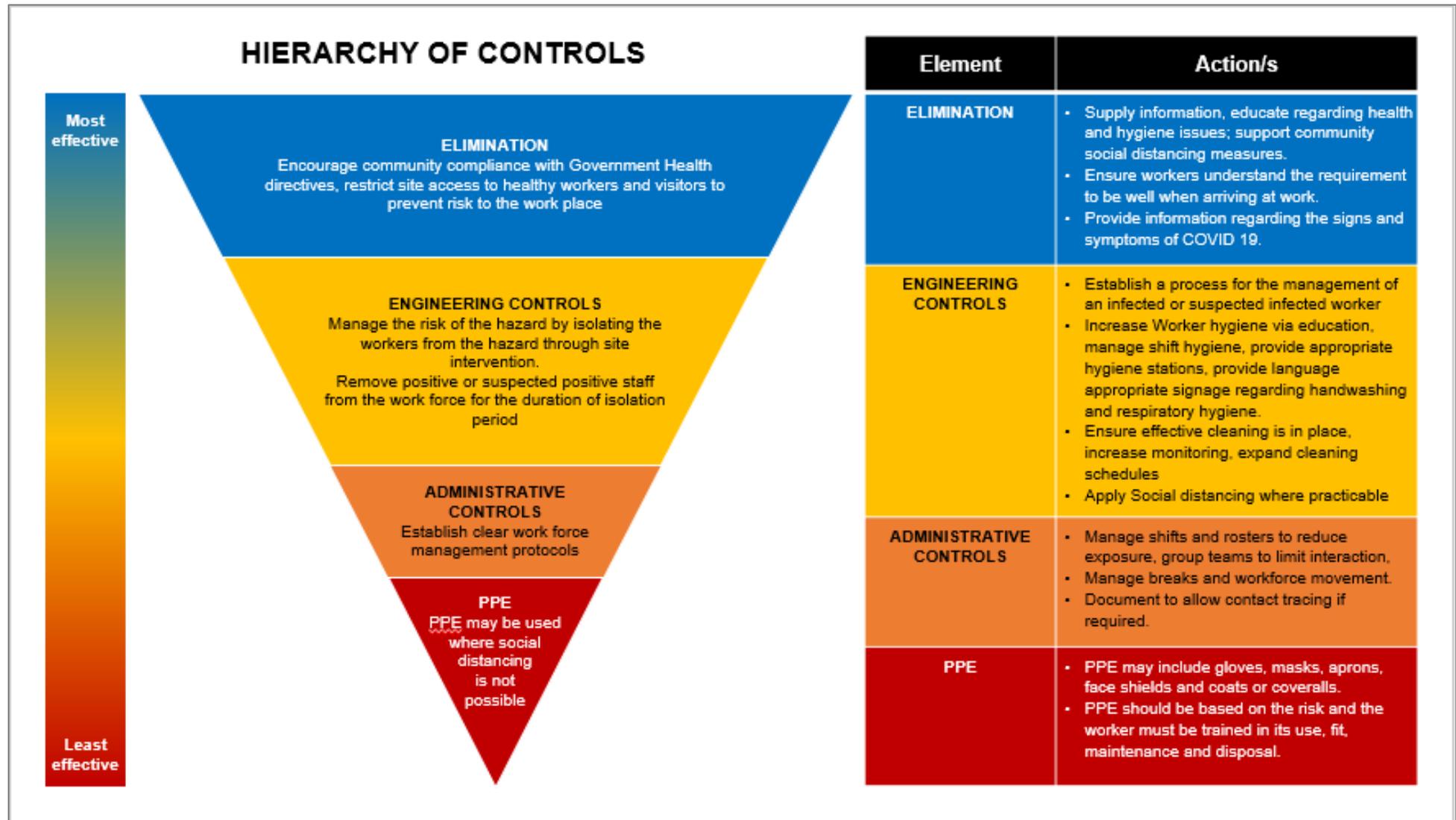
HIERARCHY OF CONTROLS

Most effective → Least effective

ELIMINATION
Encourage community compliance with Government Health directives, restrict site access to healthy workers and visitors to prevent risk to the work place

ENGINEERING CONTROLS
Manage the risk of the hazard by isolating the workers from the hazard through site intervention.
Remove positive or suspected positive staff from the work force for the duration of isolation period

ADMINISTRATIVE CONTROLS
Establish clear work force management protocols

PPE
PPE may be used where social distancing is not possible

Element	Action/s
ELIMINATION	• Supply information, educate regarding health and hygiene issues; support community social distancing measures. • Ensure workers understand the requirement to be well when arriving at work. • Provide information regarding the signs and symptoms of COVID 19.
ENGINEERING CONTROLS	• Establish a process for the management of an infected or suspected infected worker • Increase Worker hygiene via education, manage shift hygiene, provide appropriate hygiene stations, provide language appropriate signage regarding handwashing and respiratory hygiene. • Ensure effective cleaning is in place, increase monitoring, expand cleaning schedules • Apply Social distancing where practicable
ADMINISTRATIVE CONTROLS	• Manage shifts and rosters to reduce exposure, group teams to limit interaction. • Manage breaks and workforce movement. • Document to allow contact tracing if required.
PPE	• PPE may include gloves, masks, aprons, face shields and coats or coveralls. • PPE should be based on the risk and the worker must be trained in its use, fit, maintenance and disposal.