3.14 Staff health and wellbeing

Quarantine and isolation facilities have a duty of care for their staff to ensure they feel safe and supported within their work environment. This can be challenging in a pandemic response, particularly in the early stages when there is often pressure to work fast in establishing systems and processes. At this point effective communication channels are still being established and many initial strategies were rapidly reacting to change with staff working long hours in stressful circumstances.

In a staff survey conducted with the Centre for National Resilience Workforce, the survey question related to staff rating their employment satisfaction received positive feedback with 80% agreeing they would have stayed longer if provided the opportunity and 95% would work at a quarantine isolation facility again. In addition, 86% of staff felt they had gained new skills which would be useful for their future career pathway.

This section presents approaches the quarantine facility can utilise to enhance staff mental health and well-being.

3.14.1 Staff support recommendations

During the COVID-19 pandemic, it was evident the health workforce suffered great stress and duress with many identifying the negative impact on their mental health.[12,13] For the quarantine facility it is important to have staff who feel safe and supported at work, this will reduce staff retention issues and resulting negative impacts on the organisational costs and workloads of others.[14] Policies which directly affect staff need to be efficiently managed such as the site provision of an onsite vaccine clinic, provision of scrubs/uniforms to wear onsite and a viral screening clinic.

The Education Team play a large part in staff health and wellbeing by offering relevant and interesting sessions to enhance staff knowledge and skills onsite. They also focus on growing the staff's expertise by linking them with relevant professional development opportunities and facilitating them to complete their mandatory/essential training.

At CNR, one aspect of staff wellbeing that was prioritised addressed the environmental challenges of hot weather and the provision of good education on heat management, especially while in PPE. There was an abundance of water, rehydration salts, icy poles, and slushies available for staff as well as a buggy for each pod to travel when significant distances to zones or other areas in the facility.

A meal for each shift was also provided for staff, with a variety to choose from, catering for most preferences and intolerances.

The CNR staff survey requested staff to identify the additional support they felt would be of benefit to the health workforce at the quarantine facility. It is evident the quarantine staff at CNR felt it was important for the Leadership Team staff to be visible and approachable.

| Section 3: Table 14: CNR Staff Feedback: Identification of additional support for staff in a quarantine/isolation facility					
Core Theme	**Senior staff support**	**Open cycles of communication**	**Workload equity**	**Staff wellbeing**	**Education & training**
Examples	- Visible senior staff - Follow up with staff post orientation - Opportunity for promotion	- Feedback cycle (particularly with senior staff) - Weekly newsletter - Responsive & timely communication to site updates - Accessible policy and procedures	- Rotating system between work areas - Support for busy team to take breaks - Staff-resident ratio	- Dedicated wellbeing sessions - Leader for staff wellbeing - Buddy system in pods for new staff - Rostering system to meet staff needs - Team building	- Funding for (individual) staff to pursue ongoing Education & Training - IPC course opportunity

The quarantine facility is a unique workplace however it can and should incorporate the standard processes in regard to communication and staff support as all other health workplaces would. Factors unique to an emergency response and a quarantine facility which may affect staff morale and resilience need to be addressed with staff in the recruitment (if appropriate) and orientation phase. This might address factors such as social distancing, no sharing of food onsite, and limits on the interactions of teams to manage disease transmission.

With large quarantine facilities, the infrastructure of the site can mean teams feel isolated within their zone. This can be further exacerbated by restrictions in infection prevention strategies which enforce social distancing and site rules restricting staff cohorting between Pods.

Staff in the red zone especially remain isolated at work from others with separate dining areas as part of the disease management strategy to reduce risk of disease transmission and other communicable diseases (for example influenza) transmission between teams. If one team became unwell this would have large repercussions on staffing across the site, so risk mitigation approaches were instigated.

Finding approaches which mitigate the risks of disease transmission and still instigate an environment which feels supportive and inclusive of all staff needs to be a site priority.
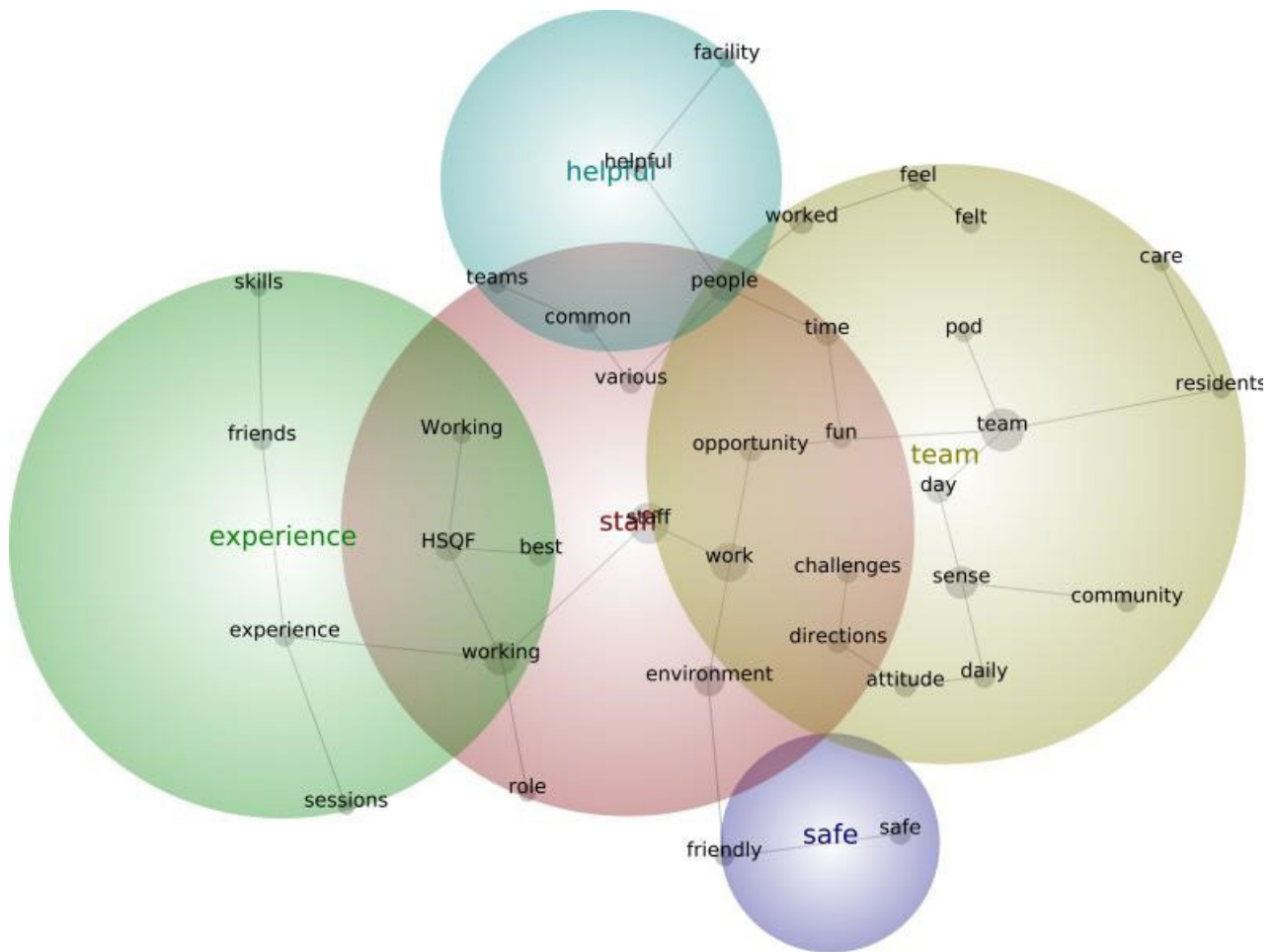
Section 3: Figure 12: Staff survey responses to the open answer question: What were the best aspects of working at HSQF? (Leximancer analysis).

It was demonstrated in the staff survey at CNR that staff were happy with their workplace and identified many positive aspects of working in the quarantine facility. There were six dominant themes staff identified in relation to the best aspects of working at CNR: teamwork, building knowledge & skills, unique work experience, resident care, pandemic response and pride. Being part of a team presented overwhelmingly as the dominant concept and presented the experience for staff as a unique and valued opportunity.

3.14.2 Balancing staff ratios

During the pandemic there were shortages across the health workforce, and this puts additional pressure on staff, particularly in health leadership roles and nursing. There should be provision to support staff to maintain a healthy work-life balance. This might include monitoring the shift work and overtime staff are completing.

Considerations for addressing this issue and reducing the work pressure on staff can include:

- **Effective rostering systems-** Rostering is a time-consuming process and a poor rostering system will have negative staff impact. A supportive rostering system needs to accommodate the site staffing requirements, consider the senior staff ratios and resident to staff ratios and offer staff opportunity to take leave as needed. Rosters need to be time advanced, so staff are able to plan their lives and meet work requirements. Opportunities to request shifts and swap shifts should be offered but must be monitored to ensure staff ratios are maintained (especially with senior staff) and may be limited to ensure site functions are not affected.
- **Agency nursing and health staff-** agency staff are costly for organisations and the pay differences between agency staff and site-employed staff needs to be considered (a competitive monetary divide that can include hourly rates, accommodation provided, and bonuses). However, agency staff can present a short-term strategy to address staff shortages whilst further recruitment is occurring.
- **Buddy system of nursing and administration officers-** this system presented a successful model in keeping staff safe in residents zones with the buddy system in place for all zone entry (refer to *Section 2: Infection prevention and control* for a full outline of the buddy system). It also meant there was a more sustainable approach to nursing staff numbers and reduced the impact of the need to acquire staff from other areas in the larger health workforce (such as acute and primary health care).
- **Investment in recruitment-** It is beneficial to establish a pandemic response team dedicated to recruitment to provide a full-service provision from advertising, interviews and appointment. This process is otherwise time consuming for senior clinicians and can add to delays of onboarding and missed recruitment as applicants/individuals took up other employment while waiting.
- **Link with government staffing strategies-** during COVID-19 the Australian government provided opportunity for retired registered health professionals to regain their registration and recommence practice by creating a sub register for doctors, nurses, midwives, pharmacists, diagnostic radiographers, physiotherapists and psychologists. They also relaxed the working hours limits for student visa holders allowing an increased opportunity to work. These strategies present new workforce opportunities the quarantine facility can access to boost staff numbers.

3.14.3 All staff site meetings and site newsletter

Keeping staff informed and having good communication channels is vital in any area of employment however during a pandemic those in leadership roles are often unable to spend quality or face to face time with staff. Establishing an all staff site meeting and a site newsletter can break communication barriers and set a supportive communication routine. All staff site meetings can take place fortnightly or monthly and should be recorded with minutes put in an accessible place for staff to access at any time.

It is recommended that each site based leader present at all staff site meetings including: Director of Nursing, Director of Clinical, and Director of Operations, and representations from the Medical team, Education team, Tele Wellbeing team, Infection Prevention and Control team, work, health and safety and site contractor if appropriate.

Time needs to be allocated for staff to ask questions and a question box (option for an anonymous question submission) to provide an opportunity for staff who do not feel confident to ask a question with all staff present.

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The site newsletter provides opportunity to present important site information related to policy and process but it can mainly be used to highlight site and staff achievements. Examples of newsletter content may include:

- Highlight staff achievements such as nursing staff completing their transition to practice program.
- Present redeployment opportunities if available
- Provide reminders on the process for requesting to take leave.
- Advise of new PPE types being introduced across the site.
- Health updates for staff such as tips on diet, sleep and exercise.
- Advertise education and training opportunities.
- Notify of significant events in the wider community such as International Womens Day.

3.14.4 Staff personal safety

Staff need to feel safe at their workplace and large quarantine facilities present a number of factors to consider in relation to staff safety. Residents, unless they are repatriation will not have criminal records checked on entering the site, so there is often very little known of the resident cohort. Ensuring staff are safe when entering the resident zones is therefore a priority. Staff also have the responsibility for understanding their role in an event that may threaten their safety and be self-aware and responsible on site.

Additionally, all staff need to swipe their access card when entering the site or record their entry with the security team to ensure there is record of everyone onsite at all times (including recording when staff leave the site). This is checked by security staff to identify staff who may be spending extended time onsite with no reason to remain there.

Staff security can be achieved by:

- Ensure staff know the emergency phone numbers to call if required and feel confident to report any incidents that may have threatened their safety.
- Provide an accessible system and process to report any safety threats.
- Installing security stations at each resident zone entry point to monitor staff entry/exit times.
- Having police and police cameras strategically located on site to provide additional layers of safety.
- Utilise the buddy system where staff are not allowed to go into a zone without a buddy.
- Provide good lighting for staff carparks at night and being aware that heavy rain can affect lighting and safety of staff walking to cars at night.
- A site no alcohol policy can significantly reduce the risk of aggression towards staff.
- Provide training for any anticipated or potential environmental emergencies such as fire, cyclone or flooding simulation training.

3.14.5 Mitigating risk of disease transmission to staff

Within quarantine it is likely staff will be working with disease positive residents and there is always the risk of new resident arrivals being disease positive. Staff may also be living in a community where there is high level of disease, all of which present a risk of transmission to individuals and Pod Teams onsite.

Identified risks for transmission onsite:

1. The greatest risk of transmission to staff remains activities outside of the workplace.
2. Staff sharing an office space remain at risk even with good distancing and masks when they take off their masks to have a drink or snack, or when are working < 1.5m apart without adequate PPE.
3. Staff on different (morning and afternoon) shifts sharing a space as their shift times cross over present a risk for transmission across teams. Whilst they will not be classified as close contacts (spend < 4 hours together) there is still a significant risk of transmission between the teams especially when risk 2 occurs.
4. Face to face staff meetings with non-cohorting groups.
5. Large group of key staff working in a space for > 4 hours. Risk of losing an entire group as close contacts must isolate for 7 days, if one person is found to be positive.

Managing Risks:

1. Educating staff on safe practices to reduce transmission risk outside of work.
2. Breaks and snacks should be taken outside the pod as much as possible and the pod door can be kept open when safe to do so, to maintain good ventilation.
3. Enforcement of standard precautions onsite inclusive of:

   – Physical distancing with floor markings where needed.
   – Sanitising stations/utilities widely available as well as wiping down desks between users.
   – Maximum room capacities noted on entry doors.
   – Anyone unwell (even if they are testing negative) are not permitted onsite.

During times of large numbers of disease transmission occurring in a community or if the CHO Directions require mask wearing in all shared spaces, the following additional actions are recommended:

1. Afternoon shifts coming into work will wear an N95 mask and eye protection until the am shift completes their shift and leave the pod. This is only required in the pod. N95 masks and eye protection should not be worn > 4 hours post shift change, while in the pod.
2. During the cross over time, avoid taking off masks in the pod, breaks and snacks should be taken outside the pod where possible.
3. All meetings to migrate to teleconferencing/online unless a face to face/ practical component is necessary, such as with orientation (and then masks should be worn).

3.14.6 Staff mental health and wellbeing

As previously highlighted the mental health and wellbeing of staff can suffer in public health emergencies, particularly with frontline workers such as those in quarantine facilities. This can affect their resilience and lead to anxiety and stress. There are many support services for staff to reach out and the quarantine facility is obligated to ensure staff know of and have access to these external services as well as provide onsite support. Additionally, the site can be proactive in providing healthy onsite meal options, presenting positive health promotion messaging, and encouraging healthy behaviours.

3.14.7 Employee Assistance Program (EAP)

An EAP presents a work-based program to help employees with personal or work-related issues that may impact their job performance, health, or well-being. These programs typically provide confidential counselling, assessment, referral, and support services to employees and their family members.

At CNR, the EAP included regular site visits from a psychologist with access to confidential face to face sessions or phone consultations as well as group sessions. The groups sessions offered staff /Pod Teams opportunity to debrief and discuss any traumatic or stressful events which may have occurred onsite such as a medical emergency or working with humanitarian residents recently evacuated from Afghanistan. The EAP also offered opportunity for staff to confidentially discuss personal and workplace relationships, health, depression, anxiety disorder, family disintegration, marital problems, alcohol and substance misuse and gambling and other addictions. An EAP can help the facility through supporting staff by reducing absenteeism and presenteeism.

> Staff who have lower resilience are likely to experience depression, feel demoralised, hopeless, disconnected, tired and fatigued. This can all affect their ability to safely carry out their role.

For health workers, EAPs may be particularly beneficial given the unique challenges and stressors associated with working in a quarantine facility. EAPs for health workers may include services such as:

1. Confidential counselling: EAPs may offer mental health counselling and support to health workers dealing with work-related stress, burnout, trauma, or other personal issues. This can help prevent or address mental health issues that can impact job performance and patient care.

2. Crisis support: EAPs may offer crisis support services to help health workers cope with traumatic events, such as workplace accidents, violent incidents, or resident deaths. This can help prevent or address symptoms of post-traumatic stress disorder (PTSD) and other mental health issues.

3. Referral services: EAPs may provide referrals to health workers who need specialized medical or mental health care. This can help ensure that health workers receive the care they need to stay healthy and productive on the job.

4. Training and education: EAPs may offer training and education programs to help health workers develop coping skills, stress management techniques, and other tools to help them manage the unique challenges of working in healthcare.

5. Work-life balance support: EAPs may direct staff to support services to help health workers balance their work and personal lives. This can include assistance with childcare, eldercare, financial planning, and other services that can help health workers reduce stress and improve their overall well-being.

3.14.8 Health and wellbeing strategies

Each facility will need to identify possible staff health and wellbeing strategies which could be safely implemented in the quarantine facility. Depending on the layout of the site and IPC restrictions in place, it may be possible to have health and wellbeing sessions focused on resilience, mindfulness, yoga (it can be done on chairs and not on the floor), manual handling and stretching exercises. Investing in these activities equates to investing in staff, session guides for mindfulness and resilience have been provided in the Appendices C and D. These sessions are practical and easy to implement and can have great benefits to staff. Additionally, mindfulness and resilience sessions can be relatively short and conducted in a way to maintain social distancing.

Another option is to invest in external organisations to provide onsite or online sessions to staff with focus on wellness programs, leader support and training programs, stress management programs, and mental health training. These programs can be staff initiated as it is critical the individual staff members recognise their own health and wellbeing and then have the services to support them as they self-identify needs. Programs or investment in tactile measures such as massage is not recommended as this does not align with site IPC requirements.

3.15 Contractors

Contracting organisations (private and non-government) into the quarantine workforce is a positive strategy to ensure all aspects of the site processes can be met. This provides an opportunity for employment and financial support of organisations when service provision can be negatively impacted due to pandemic emergency response strategies (such as lockdowns of services and non-essential workforces).

It is important this workforce is provided the education and training to ensure they are safe whist working on site and understand they are bound by the policies and procedures of both their employer and the quarantine service.

Site rules implemented for site contractors.

- All staff and contractors entering the quarantine facility must undertake viral screening every day that they are onsite.
- All staff and contractors entering the orange zone MUST have undergone Site Induction Training conducted by the Education Team and Work Health Safety Officer including personal protective equipment (PPE) donning and doffing procedures prior to their first entry to the zone.
- All staff and contractors entering the zone must wear PPE to protect themselves from disease transmission. This means surgical mask, safety goggles or shield and gloves.
- Equipment required to complete maintenance and repairs can be transported into the orange zone on a trolley or buggy as necessary.
- All equipment entering the orange zone will need to be cleaned to an infection control standard prior to leaving the orange zone.
- Staff and contractors working at the HSQF site are required to adhere to their profession specific work health and safety requirements at all times including required personal protective equipment.
- Once within the orange zone and at the worksite it is permissible to place a temporary barrier around the work site and if residents are clearly excluded from that area, usual work health and safety PPE can replace the infection control PPE required in the rest of the orange zone. This is only allowed in the delineated work site and any movement from this site requires infection control PPE to be reapplied.

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