

Employee presenteeism and occupational acquisition of COVID-19.

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Abstract.

Presenteeism, where SARS-CoV-2 infected workers attend work while symptomatic, contributes to occupational acquisition of COVID-19. This is documented to have occurred in the North West Regional Hospital Outbreak among Tasmanian Health Care workers. It is also likely to be present among a newly recognised Melbourne abattoir outbreak. Infection prevention practices must account for presenteeism.

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The COVID-19 pandemic has focussed whole of government efforts on protecting Australia's health. Border closures, case quarantine, public health interventions and social distancing have controlled COVID-19 case numbers, limiting community acquisition. Workplaces at particular risk of occupational exposure to COVID-19; hospitals, aged care facilities and, interestingly, abattoirs, require effective infection control. Presenteeism refers to the occupational transmission risk SARS-CoV-2-infected employees pose by continuing to work despite being symptomatic. Presenteeism may be an issue common to a number of industries.

(1)

Occupational infection has occurred among Australian hospital staff, notably in North West Tasmania. (2) Delayed recognition of COVID-19 cases leading to infection control breaches, presenteeism with infected health care staff working for up to seven days with respiratory symptoms along with other factors all contributed to this hospital outbreak. (2) In total, 73 of the 114 outbreak cases were hospital staff. (2)

Meat workers have been a notable at-risk group in the US (3) with over four thousand COVID-19 cases reported in meat-processing workplaces, representing up to 3% of affected facility workforces and resulting in 20 COVID-19 related deaths. (3) A COVID-19 cluster has now been reported among abattoir workers in Melbourne. (4) There are meat processing industry work practices that enhance COVID-19 acquisition risks. (4) Commonly, meat processing facility layout features challenge implementation of appropriate distancing between workers. Compliance with wearing facemasks is difficult given the pace and physical demands of work. Financial imperatives appear to motivate food processing employees to work even if unwell. (3)

Australian aged care workers and airline baggage handlers working have experienced COVID-19 outbreaks. Despite concerns expressed by teachers and early childhood educators, as at

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7th May 2020, no major outbreaks have occurred in schools and only one cluster has been reported in a NSW childcare centre during the Australian COVID-19 pandemic. (5) Extensive investigation of possible SARS-CoV-2 transmission in schools showed only two secondary cases in students. (6)

Design and implementation of effective, industry-specific, infection prevention policies are crucial for employer compliance with Australian National Safe Workplace principles and provision to “All workers, regardless of their occupation or how they are engaged, (have) the right to a healthy and safe working environment”. This requires strong, industry group, leadership. Recognition of workplace-specific infection risks, provision of reliable personal protective equipment, redesign of work practices, discouragement of presenteeism and improved access to sick leave must all be attended to for the sake of Australia’s ‘heroic’ essential workforce.

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