

Employee presenteeism and occupational acquisition of COVID-19

TO THE EDITOR: The coronavirus disease 2019 (COVID-19) pandemic has focused 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 in this context refers to the occupational transmission risk that employees infected with severe acute respiratory syndrome coronavirus 2 pose by continuing to work despite being symptomatic. Such 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 7 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 processing facility workers have been a notable at-risk group in the United States, with over 4000 COVID-19 cases reported, representing up to 3% of affected facility workforces and resulting in 20 COVID-19 related deaths.³ In Australia, a COVID-19 cluster was reported among abattoir workers in Melbourne.⁴ There are meat processing industry work practices that enhance COVID-19 acquisition risks.⁴ Commonly, the layout of meat processing facilities challenges implementation of appropriate distancing between workers, who may be spaced as little as 30 cm from colleagues during routine operations. Compliance with wearing face masks 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 have also experienced COVID-19 outbreaks. Despite concerns expressed by teachers and early childhood educators, as of 16 June 2020, no major outbreaks had occurred in schools and only one cluster had been reported in a NSW childcare centre.⁵ A NSW investigation of possible

transmission in schools showed only two secondary cases in students.⁶ Some schools have been closed for deep cleaning after detection of community acquired cases of COVID-19.

Design and implementation of effective, industry specific, infection prevention policies are crucial for employer compliance with the Australian Work Health and Safety Strategy principle that “all workers, regardless of their occupation or how they are engaged, have the right to a healthy and safe working environment”.⁷ 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 workforce.

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