

# Healthcare worker contact assessment and management guidance – General Practice Clinics

COVID-19 Public Health Division

Intelligence, Case Contact and Outbreak Management

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## SCOPE

This document contains an exposure event risk matrix to guide contact management (furlough) in COVID-19 outbreaks in GP Clinics and a recommended contact management action table.

The guidance should be considered in the context of overall outbreak management by the Department of Health via Local Public Health Units (LPHU) and is intended exclusively for decision-making about the potential quarantine and return to work of staff. This is informed by a risk-based approach.

The guidance is intended exclusively for decision-making about the potential furlough of healthcare workers working in General Practice Clinics.

The guidance may be applied to situations where a healthcare worker has (i) been exposed in a clinical setting, or (ii) become a close contact due to a community-based exposure.

This risk-based approach to contact management in critical industry outbreaks is one of several tools we can use to keep workplaces safe along with COVIDSafe plans and practices, getting tested when symptomatic and COVID-19 vaccination when eligible.

While any decision to quarantine staff is made by the Chief Health Officer or delegates including LPHUs, health services and their governing agencies are best placed to assess the operational risk that such a decision may present.

The guidance provided in this document provides a basis to guide contact management. The department and/or LPHUs in consultation with businesses will need to make context-specific decisions and may tailor actions to best respond to the specific outbreak.

This guidance is not to be used to determine suitable PPE for health care settings, for this refer to specific PPE guidance from the Department of Health, available at:

<https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>

# GUIDANCE: PRIMARY AND COMMUNITY CARE STAFF CONTACT ASSESSMENT AND MANAGEMENT RISK MATRIX (GP CLINICS)

## GP Staff contact assessment per exposure event risk scenario

NB: All exposure category decisions are based on a local risk assessment

Contact = Any person, including staff who have contact with a confirmed positive case of COVID-19

High-risk and moderate risk = Primary Close Contact

Low risk and baseline risk = Casual Contact

Case = Any confirmed positive case of COVID-19 (staff or other)

		EXPOSURE EVENT SCENARIO The exposure event is contact with a confirmed case of COVID-19 in their infectious period#			
		1. The GP will conduct a risk assessment for each exposure event using the following table and criteria and determine the exposure risk scenario 2. Contacts will be identified as primary close contacts (high and moderate risk), casual contacts (low and baseline risk) and provided to the public health unit 3. A risk assessment should include: the size of a space, the duration of contact, the distance from a case and the ventilation in the area^			
No Exposure	<b>Low Risk Scenario:</b> Distanced (>1.5m) and transient (<1 minute)  <b>OR</b> distanced (>1.5m) and non-transient (1-15 minutes) in a medium indoor space^ (100-300m <sup>2</sup> )  <b>OR</b> distanced (>1.5m) and prolonged (>15 minutes) in a large indoor space^ (>300m <sup>2</sup> ) or outdoors  <b>OR</b> Face-to-face (<1.5m) and non-transient (1-15 minutes) outdoors  And does not meet the criteria for medium or higher risk	<b>Medium Risk Scenario:</b>  Face-to-face (<1.5m) and transient (<1 minute) or non-transient (1-15 minutes) indoors  <b>OR</b> distanced (>1.5m) and non-transient (1-15 minutes) in a smaller indoor space^ (<100m <sup>2</sup> )  And does not fit the criteria for higher risk	<b>Highest Risk Scenario:</b>  Direct physical contact (e.g. shaking or contact with hands, embracing, prolonged clinical procedures)  <b>OR</b> Face-to-face (<1.5m) and prolonged (>15 minutes) indoor contact  <b>OR</b> Present during an AGP or during AGB <sup>†</sup> <b>OR</b> Contact with multiple COVID-19 cases.		

PPE WORN BY HCW & CASE DURING EXPOSURE	Contact: No mask* Case: No mask*	Extremely low risk	Baseline Risk <sup>a</sup> Fully vaccinated contact	Low Risk Unvaccinated contact	High Risk		High Risk	
	Contact: Surgical mask ± eye protection Case: No mask*	Extremely low risk	Baseline Risk <sup>a</sup> Fully vaccinated contact	Low Risk Unvaccinated contact	Moderate Risk <sup>a</sup> Fully vaccinated contact	High Risk Unvaccinated contact	High risk	
	Contact: Surgical mask ± eye protection Case: Mask	Extremely low risk	Baseline Risk		Low Risk <sup>a</sup> Fully vaccinated contact	Moderate risk Unvaccinated contact	Moderate risk <sup>a</sup> Fully vaccinated contact	High risk Unvaccinated contact
	Contact: P2/N95 ± eye protection Case: ± Mask	Extremely low risk	Baseline Risk		Baseline Risk Case: Surgical mask	Low Risk Case: No mask	Low Risk Case: Surgical mask Fully vaccinated contact	Moderate risk Case: No mask Unvaccinated contact
	Contact: ± Surgical mask Case: P2/N95 ± eye protection	Extremely low risk	Baseline Risk		Baseline Risk Contact: Surgical mask	Low Risk Contact: No mask	Low Risk Fully vaccinated contact	
	Contact: P2/N95 ± eye protection Case: P2/N95 ± eye protection	Extremely low risk	Baseline Risk		Baseline risk		Low Risk	
	Contact: Full Tier 3 PPE; no breaches Case: ± Mask	Extremely low risk	Baseline Risk		Baseline Risk		Baseline Risk	

#A case's infectious period should be taken 48 hours before onset of symptoms until medical clearance. If a case is asymptomatic, they should generally be assumed infectious from 48 hours before the initial positive test.  
 \* Mask refers to a well-fitted surgical mask or fitted cloth mask. Incorrect mask use or a face covering is to be considered the same as 'no mask'  
 ^ An indoor space is an enclosed area where airflow is impeded by a wall or partition. Consider additional mitigations through optimising ventilation (e.g. air-cleaners with HEPA filtration with >6 ACH air changes per hour) which may reduce exposure risk (consider specialist advice – engineer, occupational physician, occupational hygienist)  
 † AGB = Aerosol generating behaviour (e.g. coughing). AGP = Aerosol generating procedure.  
 ° **Fully vaccinated is defined as at least 2 weeks post 2<sup>nd</sup> dose of vaccine**

## Staff contact management per exposure event risk evaluation

	NO RISK	BASELINE RISK (CASUAL CONTACT)	LOW RISK (CASUAL CONTACT)	MODERATE RISK	HIGH RISK
Quarantine?	No Continue to work	No Continue to work	No Continue to work, with additional surveillance testing	<b>Yes</b> <b>Leave workplace as soon as possible (end of shift).</b> Quarantine until <b>day 5</b> test results are available for the group (if relevant) and assess transmission events in the outbreak. If transmission has occurred outside the high-risk contacts, re-assess as high-risk. If no transmission outside high-risk contacts, potential to return to work	<b>Yes</b> <b>Leave workplace as soon as possible</b> Quarantine as a primary close contact for 14 days from last exposure.
Testing	Be alert to mild symptoms. Test if symptomatic.	Usual surveillance testing of healthcare workers, as per eligibility	Baseline Test and may attend work while result pending. <b>Day 2</b> test (PCR), may attend work while result pending. <b>Day 5</b> test (PCR), may attend work while result pending.	<b>Baseline Test (PCR) - quarantine while result pending</b> <b>AND Day 5 Retest (PCR) - quarantine while result pending.</b> <b>AND Day 13 clearance test</b> (may continue to work while result pending) <b>PLUS</b> <b>Day 7, and 9</b> Test (PCR) and may attend work while result pending <b>OR</b> daily Rapid Antigen Test on each working day <b>OR</b> daily saliva test on each working day	<b>Baseline test (PCR). Quarantine.</b> <b>Day 5-7 retest (PCR). Quarantine.</b> Test at first onset of symptoms on any day <b>Day 13 clearance test (PCR)</b>
<b>Any staff who develop symptoms</b> must get a throat-nose swab and <b>isolate</b> until their result is known and symptoms have resolved.					<b>Negative day 13 test</b> is needed to return to work
Return to work	N/A	Can remain at work	Can remain at work	<b>If baseline and Day 5 tests are negative</b> , may return to work (with an exemption letter from the Department of Health), with additional surveillance testing as above. <b>Outside of work</b> , continue to quarantine as a primary close contact until clearance following Day 13 test.	
Additional PPE Requirements on return to work?	None	None	Can remain at work	<b>Wear an N95 respirator at all times</b> on site without sharing staff only spaces. Continue until clearance following Day 13 test.	
Work across sites?	Yes	<b>Yes.</b> Inform all employers of cross-site details.	<b>Yes, but prefer limiting to a single site.</b> Inform all employers of cross-site details.	No	
<b>If there is an outbreak at a workplace</b> —i.e. if there is previously demonstrated transmission—even low-risk exposures should limit work to a single site.					

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