

Calvary Health Care Bethlehem COVID-19

Contact tracing, assessment and management guidance

Exposure Event Risk Assessment

In line with Department of Health guidance, Calvary Health Care Bethlehem has chosen to put in place processes to undertake additional risk assessment of level of exposure of individual staff members and patients to confirmed cases of COVID 19.

A person who is a confirmed case of COVID-19 must:

- Notify any social contacts (which includes contacts in the workplace) who they had contact with during their infectious period that was:
 - more than 15 minutes of face-to-face; or
 - more than two hours in an indoor space.
- Notify the work premises at which they ordinarily work if they attended the work premises during their infectious period.

A social contact must undertake a rapid antigen test (RAT) or PCR test for COVID-19 if they experience any symptoms. If a staff member returns a negative RAT while symptomatic, they must undertake a PCR test, as only a negative PCR will be sufficient to confirm that it is not COVID if they are symptomatic. Staff can book into a community respiratory clinic (<https://www.health.vic.gov.au/covid-19/gp-respiratory-clinics-and-hospital-respiratory-clinics-covid-19>), see their GP to request a PCR swab, or use the COVID PCR self-testing service for symptomatic staff on site at the Calvary Kooyong Precinct.

Social contacts are strongly recommended to undertake daily COVID-19 rapid antigen test (RAT) for five days following notification that they are a social contact.

Healthcare workers (including primary and community care) who are household/close contacts

The household/house-hold like contact must notify their workplace. See information below for further details.

Contact Tracing Form

Name of person with COVID: **Time and date symptoms began:**

Any relevant details of their time on site:

Contact tracing and risk assessment will be started by the person with COVID and completed by the Service Manager/HOD/DCS/DMS/GM during business hours or the Consultant on call/AHC/ANUM after hours. All contacts must be listed, not just those deemed high risk. Each staff member should be contacted as soon as practical to ensure they don the correct mask and RAT as appropriate. Once complete, the contact tracer will email this form to the relevant HOD/DCS/DMS/GM.

- Instructions for use:**
- 1) **Describe the time involved:** eg. 30 minutes of swallow assessment, >3 hours over 2 shifts, fleeting contact/2-3 minutes saying hello
 - 2) **Describe the distance:** eg. Assisted with meals and showering/direct contact, put NIV on/off/direct contact, delivered meal tray while patient in bed about 2 metres away, corridor conversation/<1 metre, sat in same office >3 metres, etc...
 - 3) **Describe the PPE:** Don't just write "yes", describe if none, surgical mask, N95, Tier 3 PPE, etc...

Employee name OR Visitor/Patient name	Within 28 days of having COVID?	Date(s) of exposure	Exposure time(s)	Exposure distance(s)	PPE in use: "Case" is the COVID case	Risk Matrix Scenario: Low or High?	Outcome of Risk Matrix, date and time of when contact notified and by whom
					Case: Contact:		
					Case: Contact:		
					Case: Contact:		
					Case: Contact:		
					Case: Contact:		
					Case: Contact:		
					Case: Contact:		
					Case: Contact:		
					Case: Contact:		

EXPOSURE EVENT RISK MATRIX FOR SOCIAL/WORKPLACE CONTACT

EXPOSURE EVENT

An exposure event is contact with a confirmed case of COVID-19 during their infectious period: 48 hours before onset of symptoms. If a case is asymptomatic, they should be assumed infectious from 48 hours before the taking of the initial positive test.

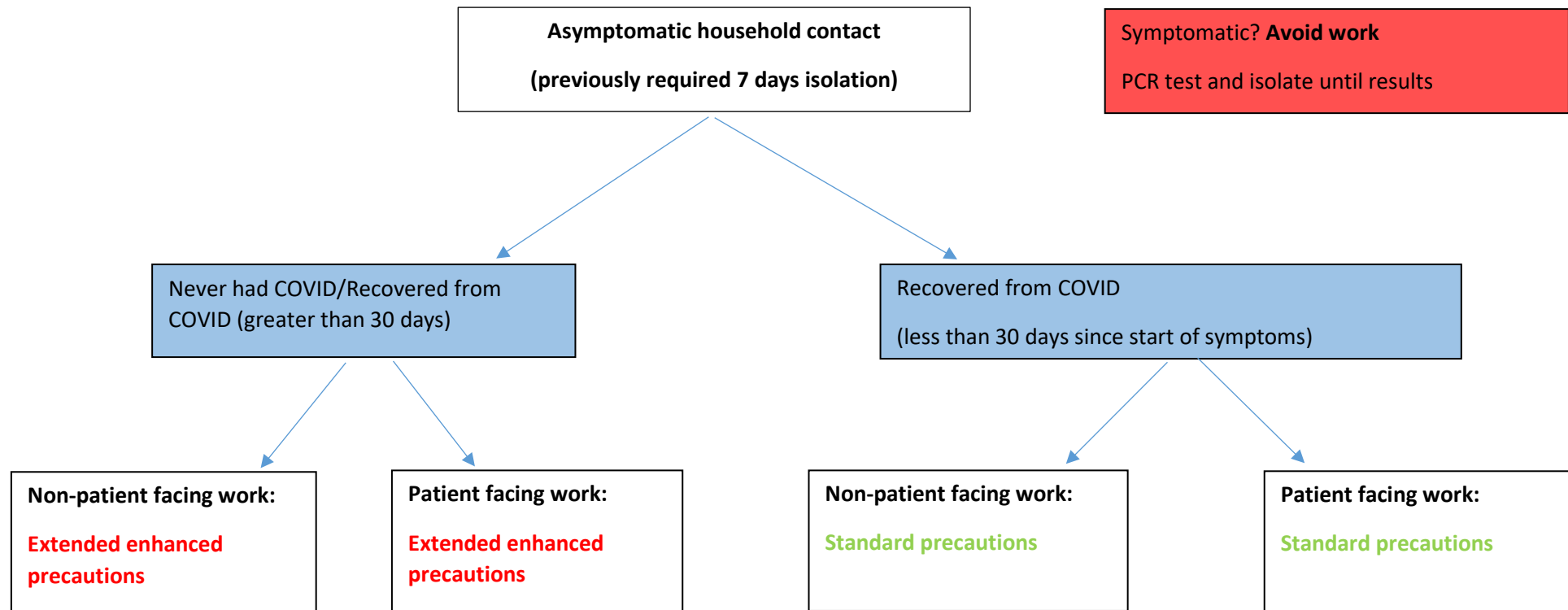
A risk assessment should consider the size of the space, duration of contact, distance from the case, presence of aerosol-generating behaviours or procedures, contact’s clinical risk (e.g. immunocompromised), PPE use and ventilation.

Contact = any person who has contact with a confirmed case of COVID-19

Case = any PCR or RAT confirmed case of COVID-19

PPE worn by contact and case during exposure	Lower risk scenario This scenario is when the contact has only transient or fleeting contact with the case (<15 minutes) and/or distanced (>1.5m) contact that does not meet the definition for a higher risk scenario		Higher risk scenario Anyone who has provided direct care to the case (eg assisting with meals, shower, dressing, physical examination, etc...) OR prolonged contact with the case, for example, face-to-face contact (<1.5m) for at least 15 mins or more than 2 hours in the same room.	
	Staff	Patients	Staff	Patients
Contact: no mask Case: ± surgical mask	Standard Precautions	Inform patient of contact. No isolation. Offer daily RATs.	Enhanced Precautions	Escalate for discussion as isolation and testing requirements will be decided on a case by case basis. Patients who have contact with a COVID positive staff member wearing an N95 mask DO NOT NEED TO BE ISOLATED
Contact: surgical mask Case: no surgical mask	Standard Precautions		Enhanced Precautions	
Contact: surgical mask Case: surgical mask	Standard Precautions		Enhanced Precautions	
Contact: P2/N95 Case: ± surgical mask	Standard Precautions		Standard Precautions	
Contact: ± surgical mask Case: P2/N95	Standard Precautions		Standard Precautions	
Contact: P2/N95 Case: P2/N95	Standard Precautions		Standard Precautions	
Contact: full tier 3 PPE, no breaches Case: ± surgical mask	Standard Precautions		Standard Precautions	

EXPOSURE EVENT FLOWCHART FOR HOUSEHOLD/HOUSEHOLD-LIKE EXPOSURE



Please note:

- This flow-chart applies to staff, contractors and volunteers. Visitors and patients are to be considered separately.
- Staff may be able to return to work with standard precautions if their household contact is part of their own ongoing COVID infection cluster
- It is unknown exactly how long immunity from COVID lasts after having an infection, although there is emerging evidence that re-infection with different strains is possible after 30 days (rather than the 90 days in some guidance). During this time there can also be difficulty interpreting COVID test results.
- The duration of enhanced or extended enhanced precautions will reset/begin again if a subsequent household member returns a positive COVID test or if the staff member has ongoing contact with the household contact.

Standard Precautions:

Surgical masks or N95 (as per most recent instructions). Do not use enhanced precautions facilities. Daily RAT testing not required.

Enhanced Precautions:

N95 mask plus designated break room. **Do not** remove N95 except in designated break room. Required to undertake RAT test prior to attending the workplace on the day you are rostered to work in the seven (7) days following your confirmed date of exposure.

Extended Enhanced Precautions:

Must not attend work after exposure without a negative PCR.

N95 mask plus designated break room. **Do not** remove N95 except in designated break room. Required to undertake RAT test prior to attending the workplace on the day you are rostered to work in the fourteen (14) days following your confirmed date of exposure. 4 PCR tests total are required during this period in addition to the daily RATs. May not come on site without an initial negative PCR , while the remaining 3 are for surveillance and the staff member does not need to wait on the results before attending work. See full information sheet below for further details.

Guidance for Contact Tracing

Compile a list of the staff who were on site during the exposure period. Were there visitors, contractors, students present?

Contact each staff member to ask if they had contact with the positive case. If they had contact, please clarify the degree of contact so we can complete the risk matrix.

1) Duration of contact

Was it more or less than 15 minutes?

Was it more than 2 hours in the one room?

Prompts:

“Can you remember what you talked about?”

You’re trying to work out if it was a brief hello/greeting, which was likely only a few minutes, or a longer discussion about holiday plans, clinical handover, etc... that was more than 15 minutes. More than 15 minutes is considered prolonged contact.

“How many times did you bump into them/talk to them that day/shift?”

The duration is cumulative, ie a ten minute conversation in the morning and again in the afternoon means 20 minutes for the day. Multiple brief interactions over several days is likely to be considered prolonged contact.

2) Distance of contact

Was it greater or less than 1.5 metres?

Were they providing direct clinical care?

Moving, washing, dressing, examining or touching a patient is direct contact

Prompts:

“Can you remember where you were standing/sitting when they came into the room?”

“Thinking of that conversation you had with them, could you have just reached out and touched them without stepping forward?”

Most corridor conversations will be less than 1.5m. Less than 1.5 metres is considered face to face contact.

“During the meeting, were you sat next to each other or on other sides of the table/desk? Was that >1.5 metres do you think?”

3) PPE worn

Confirm the type of mask and other PPE being worn

Interviewing the positive case

- 1) Begin by asking the case if they're ok and try to reassure them that we have good processes in place so the risk of further transmission is very low. If they are upset, try to reassure them that they are not at fault and our experience is that there is no way they could have known they were positive.
- 2) Clarify exactly when they had onset of symptoms and when they had the test that came back positive (NB not when they were notified of a positive result, but when the test was taken). Contact tracing needs to go back to 48 hours before the onset of symptoms or from when the positive test was taken.
- 3) Ask their vaccination status, including dates.
- 4) Confirm the number of days/shifts/times the person was on site at CHCB.
- 5) Explain that you want to talk them through their visit(s)/shift(s) to get a better idea of who they encountered.

Prompts:

"Did you talk to anyone at reception? Did you see anyone there that you know? Was it a long conversation?"

"When you walked down the corridor to your mother's room did you stop to talk to anyone?"

"Did you chat to the nurse/doctor/receptionist to get an update on your mother/discharge plans, etc...."

"When did you take your break? Which tearoom/breakroom? Who else was there? Did you take your mask off? How long was your break?"

"Was there anyone with your mother when you arrived? What about during your visit? Were there any other visitors when you were there? Did anyone deliver a meal? Provide care? Take obs? Drop anything off? Pour a drink?"

"We know some visitors remove their masks when they are in the room. It's ok if you did, but we just need to know. Did anyone else come into the room when you had your mask off? How long did you have your mask off for?"

For each interaction the positive case mentions, you need to clarify the following:

- Who was it they spoke to? Role, uniform, description if they don't know name.
 - Duration of contact
 - Distance of contact
 - PPE worn by case and contact
- 6) If they are authorized to know medical information about the person they visited, then explain the testing and isolation requirements that will be applying to that person. If you are unsure, then let them know that someone will be in touch the following morning or later that day to confirm and make sure this is followed up.
 - 7) Ask them to think if there are any other services or organisations they visited while infectious that they need to inform.
 - 8) Finish by reminding them to look after themselves and seek medical attention if they become more unwell.

Social and workplace contact

Instructions for staff required to adopt “Enhanced Precautions”

The following instructions apply to any staff member, volunteer or contractor who has had contact with a confirmed COVID-19 case meeting the definition of a ‘social contact’ or ‘workplace contact’.

Please note: These instructions do not apply to anyone who is a household or household-like contact. Any staff in this criteria notify their manager to seek further advice and instruction.

‘Enhanced Precautions’ workplace attendance requirements	
COVID-19 symptoms	<p>Must be asymptomatic</p> <p>An exposed person or social contact must undertake a COVID-19 rapid antigen test (RAT)* or a COVID-19 PCR test if experiencing COVID-19 symptoms.</p> <p>Should the COVID-19 rapid antigen test (RAT) return a positive result, an exposed person must notify the Department of Health of the result as soon as possible.</p> <p><i>*For CHCB staff, volunteers and contractors, if you return a negative RAT and have symptoms you must undertake a PCR test</i></p>
Rapid antigen testing (RAT) requirements for workplace attendance	<p>To attend any CHCB workplace on-site or in the community setting, an exposed person or social contact without COVID-19 symptoms is required to undertake a COVID-19 rapid antigen test (RAT) <u>prior to</u>** attending the workplace on the day they are rostered to work in the seven (7) days following your confirmed date of exposure.</p> <p><i>** CHCB will supply staff with RAT’s for use at home for the period you are required to undertake ‘enhanced precautions’</i></p> <p>Please note: The date of exposure must be confirmed by your Manager</p>
PPE requirements	<p>MUST wear an N95 mask <u>at all times</u> in the workplace; mask may only be removed in designated ‘enhanced precautions’ break room by LDC on the first floor or offsite - always away from any other person</p>
Designated break room	<p>MUST ONLY use the designated ‘enhanced precautions’ break room by LDC on the first floor. This room may be shared with other staff also working under enhanced precautions, but physical distancing > 1.5m should be maintained where practical</p>

Household and household-like contact

Instructions for staff required to adopt “Extended Enhanced Precautions”

The following instructions apply to any staff member, volunteer or contractor who has had contact with a confirmed COVID-19 case meeting the definition of a ‘social contact’ or ‘workplace contact’.

Please note: These instructions do not apply to anyone who is a social or workplace contact. Any staff in this criteria notify their manager to seek further advice and instruction.

‘Extended Enhanced Precautions’ workplace attendance requirements	
Initial testing	You are required to have a COVID-19 PCR test and not to come on site to work until you have a negative result. You can return to work onsite if you remain asymptomatic and have a negative PCR test but with the following requirements in place for 14 days after the exposure. If you can work from home, this should be discussed with and agreed to by your manager.
Testing requirements for workplace attendance	You must undertake and report a negative RAT prior to starting each rostered shift for the 14 days after your exposure. You will be provided with RATs for this purpose. You must have a further 3 COVID-19 PCR tests in the 14 days after your exposure. The exact dates will be confirmed with your manager. You may attend work without the results of these 3 further PCR tests. However, you may only attend work if your RAT is negative.
PPE requirements	MUST wear an N95 mask <u>at all times</u> in the workplace; mask may only be removed in the designated ‘enhanced precautions’ meal break area, or offsite - always away from any other person.
Designated break room	MUST ONLY use designated ‘enhanced precautions’ break room by LDC on the first floor. This room may be shared with other staff also working under enhanced precautions, but physical distancing > 1.5m should be maintained where practical.
COVID symptoms	If you develop COVID-19 symptoms after you return to work, please immediately inform your manager. You will need to perform a RAT, leave work and attend for a COVID-19 PCR test.
Coming on site part way through the 14 days post exposure	If you are to come on site after initially working from home, you must undertake a PCR test and return a negative result before you come on site. You must undertake and report a RAT prior to starting each rostered shift for the remainder of the 14 days after exposure. You may need further PCR tests as determined by the DCS/DMS.