

Contact assessment and management guidance: Primary care, community-based healthcare and emergency services

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COVID-19 Public Health Division

Intelligence, Case Contact and Outbreak Management

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Department
of Health

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SCOPE

This guidance on contact risk assessment is for use by specific industries including primary care, community-based healthcare and emergency services. Specific sectors or industries for whom this guidance is intended may include:

- Primary Care and community health (e.g. GP clinics, allied health clinics, radiology practices, dental practices, etc.);
- Pharmacies;
- Pathology laboratories, collection centres and offices;
- Disability care;
- Victoria Police;
- Emergency services and operations control centres;
- Justice services (e.g. correctional facilities);
- The risk matrix can be applied to a specific workplace outbreak at the discretion of the Department of Health or LPHUs.

The guidance should be used by Department of Health (DH) and Local Public Health Unit (LPHU) staff, businesses and members of the public to guide assessment and management of situations where an infectious case has attended one of the above settings.

This guidance may be applied to situations where a worker or staff has been exposed in a clinical or workplace setting. Community exposures (including household contacts) will be managed by the public health unit as per DH case and contact management advice. Separate guidance is provided for health services (hospitals) and other workplaces and businesses (who do not use healthcare worker PPE). This guidance does not apply to contacts or exposures in households, or to residents of any residential care facility.

The guidance has been updated to reflect recent changes to contact management and will be adjusted as required in line with the COVID-19 epidemiology and public health response in Victoria.

Specific assessment may be required in some circumstances

This guidance is general. Specific risk assessment and tailored outbreak management by DH and LPHUs may be required in some circumstances in order to assess the actual risk. For example, in settings where significant transmission events have occurred, or other additional risks apply (workforce, operational continuity or community risk).

For further information

Confirmed case in the workplace: *Information and advice for businesses who have a confirmed case of COVID-19 in the workplace* <https://www.coronavirus.vic.gov.au/confirmed-case-workplace> .

Additional context specific guidance for primary care can be found here: <https://www.dhhs.vic.gov.au/primary-care-guidance-response-covid-19-risks>

This guidance is not to be used to determine suitable PPE for healthcare 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>.

CONTACT ASSESSMENT AND MANAGEMENT RISK MATRIX

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

Contact = Any **staff** member who has contact with a confirmed positive case of COVID-19

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 site 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 high risk (close contacts), moderate, 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	Lower Risk Scenario: Distanced (>1.5m) and transient (<1 min) in any space OR Face-to-face (<1.5m) and less than 15 minutes outdoors OR Distanced (>1.5m) and non-transient (1-15 minutes) in a medium indoor space [^] (100-300m ²) OR Distanced (>1.5m) and non-transient (1-15 min) or prolonged (>15 minutes) in a large indoor space [^] (>300m ²) or outdoors <i>And does not meet the criteria for medium or higher risk</i>		Medium Risk Scenario: Direct physical contact, with hand hygiene performed or gloves worn, that is brief (<1 min) (e.g., a brief physical examination or procedure) OR Face-to-face (<1.5m) and transient (<1 min) indoors OR Face-to-face (<1.5m) and prolonged (>15 min) outdoors, or present during AGBs [†] outdoors OR Distanced (>1.5m) and non-transient (1-15 min) in a small indoor space [^] (<100m ²) OR Distanced (>1.5m ²) and prolonged (>15 mins) in a medium (100-300m ²) indoor space <i>And does not fit the criteria for higher risk</i>		Higher Risk Scenario: Direct physical contact that is non-transient (>1 min), and/or not wearing gloves, and/or higher degree of bodily contact OR Face-to-face (<1.5m) and non-transient (>1 minute) indoor contact OR Present during an AGP or during AGB [†] indoors OR Distanced (>1.5m ²) and prolonged (>15 min) in a small indoor space (<100m ²) OR Contact with multiple COVID-19 cases	
PPE WORN BY STAFF MEMBER & CASE DURING EXPOSURE	Contact: No mask* Case: No mask*	Extremely low risk	Baseline Risk ^a Fully vaccinated contact	Low Risk Unvaccinated contact	High Risk		High Risk	
	Contact: Surgical mask ± eye protection Case: No mask*	Extremely low risk	Baseline Risk ^a Fully vaccinated contact	Low Risk Unvaccinated contact	Moderate Risk ^a Fully vaccinated contact	High Risk Unvaccinated contact	High risk	
	Contact: Surgical mask ± eye protection Case: Mask	Extremely low risk	Baseline Risk		Low Risk ^a Fully vaccinated contact	Moderate risk Unvaccinated contact	Moderate risk ^a 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: Mask AND Fully vaccinated contact	Moderate risk Case: No mask OR 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 collection.

* 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 air changes/hour) which may reduce exposure risk

[†] AGB = Aerosol generating behaviour (e.g. coughing). AGP = Aerosol generating procedure.

^a Fully vaccinated is defined as completion of vaccination schedule as per DH guidelines (e.g. 2nd dose of Pfizer, AstraZeneca or Moderna vaccine)

Note: time periods are cumulative across a period of one day, e.g., two separate 10-minute exposures should be assessed as a "prolonged" (>15 min) exposure.

STAFF CONTACT MANAGEMENT PER RISK EVALUATION

	EXTREMELY LOW RISK	BASELINE RISK	LOW RISK	MODERATE RISK	HIGH RISK (CLOSE CONTACT)
Quarantine?	No Continue to work	No Continue to work	No Continue to work, with additional surveillance testing	Yes Leave workplace as soon as possible (end of shift) Quarantine only until initial negative test result is received	Yes Leave workplace as soon as possible <u>Vaccinated close contacts</u> self-quarantine for 7 days from last exposure <u>Unvaccinated close contacts</u> self-quarantine for 14 days from last exposure
Testing	Be alert to mild symptoms. Test if symptomatic.	Usual surveillance testing as per industry requirements only, if applicable	Initial Test (PCR or RAT). May attend work while result pending and asymptomatic. Day 5 Test (PCR or RAT). May attend work while result pending and asymptomatic.	Testing approach 1 (RAT-based): <ul style="list-style-type: none"> Initial Test (PCR); may return to work following negative result Daily RAT until day 6 AND Day 6 Test (PCR) AND Day 13 (PCR or RAT) OR Testing approach 2 (PCR-based): <ul style="list-style-type: none"> Initial Test (PCR); may return to work following negative result AND Day 4 test (PCR) AND Day 6 test (PCR) AND Day 13 (PCR) 	Vaccinated contacts: <ul style="list-style-type: none"> Initial test and Day 6 clearance PCR test Consider ongoing surveillance testing for an additional 7 days for those who work in sensitive settings (at least 3x weekly RAT or Day 13 PCR) Unvaccinated contacts: <ul style="list-style-type: none"> Initial PCR and Day 5-7 PCR test and Day 13 clearance PCR test Test at first onset of symptoms on any day
Any staff who develop symptoms must get a throat-nose swab (PCR) and isolate until their result is known and symptoms have resolved.					
Return to work	Can remain at work	Can remain at work	Can remain at work	If initial test is negative, may return to work and leave quarantine (with ongoing surveillance testing)	Vaccinated contacts: After 7 days with a negative Day 6 test Unvaccinated contacts: After 14 days with a negative Day 13 test
Additional PPE Requirements on return to work?	None	None	Can remain at work	Wear surgical mask or an N95 respirator at all times at work. Avoid use of shared staff spaces (e.g., tearoom) where possible. Continue until clearance following Day 13 test.	
Work across sites?	Yes	Yes. Inform all employers of cross-site details.	Yes, but prefer limiting to a single site. Inform all employers of cross-site details.	No	
		If there is an outbreak at a workplace: limiting staff mobility across sites is advised			

Household close contacts must quarantine for 14 days, with a PCR test on Day 13, regardless of vaccination status

Moderate Risk contacts are no longer considered to be Primary Close Contacts and their details should not be provided to the Department of Health

Note: A workplace may consider implementing a Rapid Antigen Testing (RAT) program as an additional public health measure and to support operational continuity. RAT should not be used in place of PCR tests for close contacts except where stated.

To receive this document in another format, call the Coronavirus Hotline 1800 675 398 (press 0 for an interpreter, if required), or contact [coronavirus.vic.gov.au](https://www.coronavirus.vic.gov.au) <<https://www.coronavirus.vic.gov.au/contact-us>>.

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