

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 is to support decision making following a COVID-19 exposure for use by primary care, community-based healthcare and emergency services. It is appropriate for industries that use a higher level of personal protective equipment (PPE) than surgical masks (for example, N95 respirators). Specific sectors or industries may include:

- primary care and community health (for example, GP clinics, allied health clinics, radiology practices, dental practices)
- pharmacies
- pathology laboratories, collection centres and offices
- disability care
- Victoria Police
- emergency services and operations control centres
- justice services (for example, correctional facilities)

In addition, it may be applied to a specific workplace outbreak at the discretion of the Department of Health or a Local Public Health Unit (LPHU).

This guidance should be used by Department of Health (DH) and Local Public Health Unit (LPHU) staff, and primary care, community-based and emergency services to guide assessment and management of situations where an infectious case has attended a facility and a worker or staff member has been exposed.

Community exposures (including household contacts) will be managed by the LPHU as per DH case and contact management advice. Separate guidance is provided for health services (hospitals) and other workplaces and businesses (that do not use healthcare worker PPE). This guidance does not apply to contacts or exposures in households, or to residents in residential care facilities.

This guidance will be updated to reflect changes to contact management advice and 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, where significant transmission events or outbreaks have occurred, or where other additional risks apply (workforce, operational continuity or community risks).

Workplace and employee obligations

A person who is a confirmed case of COVID-19 (diagnosed person) must notify the work premises at which they ordinarily work, if they attended an indoor space at the work premises during their infectious period.

The operator of a workplace must take reasonable steps to notify individuals that they are a contact of a positive case, and to advise them of their obligation to obtain a PCR test and quarantine until they receive a negative result.

A workplace will be required to maintain a system to enable them to notify contacts and obtain assurance of a negative PCR test result from an individual prior to their return to the premises.

For further information

[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)
<<https://www.coronavirus.vic.gov.au/confirmed-case-workplace>>

[Information and resources to help general practitioners and health professionals manage their practice and workforce](https://www.health.vic.gov.au/covid-19/primary-care-guidance-for-the-response-to-covid-19-risks)
<<https://www.health.vic.gov.au/covid-19/primary-care-guidance-for-the-response-to-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](https://www.health.vic.gov.au/covid-19/personal-protective-equipment-ppe-covid-19), <<https://www.health.vic.gov.au/covid-19/personal-protective-equipment-ppe-covid-19>>

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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CONTACT ASSESSMENT AND MANAGEMENT RISK MATRIX

Contact = any **staff** member who has contact with a confirmed positive case of COVID-19 (in a non-household/household-like¹ setting, but including social[^] settings)

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

EXPOSURE EVENT RISK ASSESSMENT
An exposure event is contact with a confirmed case of COVID-19 during their infectious period.²

1. The employer / service conducts a risk assessment for each exposure event using the contact assessment and management matrix.
2. Individuals are identified as contacts, low and baseline risk. Contact lists are managed by the employer / service and are not provided to the Local Public Health Unit unless specifically requested (for example, during an outbreak)
3. A risk assessment should consider: the size of a space, duration of contact, distance from a case and ventilation in the area.³

No exposure	Low-risk exposure scenario: Contact with a confirmed case in their infectious period ¹ that is: <ul style="list-style-type: none">• face-to-face (<1.5m) and transient (<1 minute) OR <ul style="list-style-type: none">• distanced (>1.5m) and <2 hours in any size space OR <ul style="list-style-type: none">• distanced (>1.5m) and of any duration in a large (>300m²) indoor[^] space or outdoors AND <ul style="list-style-type: none">• <i>does not meet the criteria for medium or higher risk</i>	Medium-risk exposure scenario: Contact with a confirmed case in their infectious period ¹ that is: <ul style="list-style-type: none">• direct physical contact (hand hygiene performed, or gloves worn) that is transient (<1 min) (for example, a brief physical examination) OR <ul style="list-style-type: none">• face-to-face (<1.5m) and non-transient (1–15 min) OR <ul style="list-style-type: none">• present during AGBs⁴ outdoors OR <ul style="list-style-type: none">• distanced (>1.5m) and very prolonged (>2 hours) in a medium-sized indoor space[^] (100–300m²) AND <ul style="list-style-type: none">• <i>does not fit the criteria for higher risk</i>	High-risk exposure scenario: Contact with a confirmed case in their infectious period ¹ that is: <ul style="list-style-type: none">• direct physical contact that is non-transient (>1 min) and/or not wearing gloves, and/or higher degree of bodily contact OR <ul style="list-style-type: none">• face-to-face (<1.5m) and prolonged (>15 minutes) OR <ul style="list-style-type: none">• present during an AGP or during AGB⁴ indoors OR <ul style="list-style-type: none">• distanced (>1.5m) and very prolonged (>2 hours) in a smaller indoor space (<100m²) OR <ul style="list-style-type: none">• contact with multiple COVID-19 cases
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PPE WORN BY STAFF MEMBER & CASE DURING EXPOSURE	One or both of case or contact unmasked ⁶	Extremely low risk	Baseline risk (fully vaccinated contact) ⁵	Low risk (unvaccinated contact)	Contact		Contact
	Contact: surgical mask ± eye protection ⁷ Case: mask	Extremely low risk	Baseline risk	Low risk (fully vaccinated contact) ⁵	Contact (unvaccinated contact)		Contact
	One of case or contact wearing N95 mask; the other ± surgical mask ⁶	Extremely low risk	Baseline risk	Baseline risk (fully vaccinated contact) ⁵	Low risk (unvaccinated contact)		Low risk
	Contact: P2/N95 ± eye protection ⁷ Case: P2/N95 ± eye protection	Extremely low risk	Baseline risk	Baseline risk		Low risk	
	Contact: full Tier 3 PPE; no breaches Case: ± mask ⁶	Extremely low risk	Baseline risk	Baseline risk		Baseline risk	

¹**Household (“close”) contact** is a person who has spent more than four hours in an indoor space at a private residence, accommodation premises or care facility with a diagnosed person during their infectious period. **Unvaccinated household contacts** (including unvaccinated eligible school students aged 12–18) must quarantine for 14 days (and have received a negative Day 13 PCR test). **Vaccinated household contacts** (including ineligible children 0–11 years if all aged 12 and over are vaccinated) must quarantine for 7 days (and have received a negative Day 6 PCR test result).

²A case’s infectious period is taken as 48 hours before onset of symptoms until medical clearance. If a case is asymptomatic, they should be assumed to be infectious from 48 hours before the initial positive test.

³Indoor space = an area, room or premises substantially enclosed by a roof and walls that are either floor-to-ceiling or at least 2.1 metres high, regardless of whether the roof or walls or any part of them are permanent or temporary, or open or closed.

⁴AGB = aerosol-generating behaviour (for example, coughing). AGP = aerosol-generating procedure.

⁵A person must have received all scheduled doses of a TGA-approved or recognised vaccine regimen to be considered fully vaccinated.

⁶Mask = 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’. P2/N95 masks should be fit-checked at a minimum and should ideally be fit-tested.

⁷Eye protection is recommended.

Note: time periods are cumulative across a period of one day (for example, 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	CONTACT
Quarantine, furlough and return to work?	No Continue to work	No Continue to work	No Continue to work	Yes Leave workplace immediately and quarantine until results of initial PCR test (if contact vaccinated ⁵ or unvaccinated), then return to work with daily rapid antigen ⁸ (or PCR) testing OR In the case of high-risk exposures or in unvaccinated staff, furlough ⁹ may be required (based on a risk assessment and in consultation with the public health unit)
Testing?	Be alert to mild symptoms Test if symptomatic	Usual surveillance testing as per industry requirements only, if applicable	Consider PCR testing >48 hours after the exposure based on risk assessment Ongoing surveillance testing for at least an additional 7 days (at least 3x weekly RAT or PCR test)	Initial PCR test , then daily rapid antigen testing for 7 days after exposure ⁸ Test at first onset of symptoms on any day
Any staff member who develops symptoms must get a throat-nose swab (PCR test) and isolate until their result is known and symptoms have resolved.				
Additional PPE requirements on return to work?	None	None	Wear an N95 respirator at all times on site for 7 days after exposure, unless on breaks in spaces that are not shared with other staff	Wear an N95 respirator at all times on site for 7 days after exposure Do not share lunch/tea rooms Redeploy contact staff away from highest risk areas (for example, clinical areas or vulnerable populations) where possible
Work across sites?	Yes	Yes Inform all employers of cross-site details	Yes , but inform all employers of cross-site details. At employer discretion to allow.	Yes , but inform all employers of cross-site details. In the setting of an outbreak it is at employer's discretion to allow.

⁸ Rapid antigen testing (RAT) is strongly recommended when visiting sensitive and low-vaccination settings such as schools, early childhood learning centres, aged care facilities, hospitals, disability settings, elderly relatives and correctional facilities. RAT is strongly encouraged prior to entry to indoor settings including workplaces, social venues (for example, pubs, nightclubs, parties) and other high-risk settings (for example, gyms, beauty treatments, places of worship). RAT kits and guidance will be provided at PCR testing locations.

⁹ A furloughed individual does not attend the workplace, but does not otherwise need to quarantine (for example, they can leave their residence).