

CONTACT TYPE - See page 2 for more detailed assessment for a breach **Transient Contact - Low Risk Medium Risk Scenarios Highest Risk Scenarios** NB: All exposure category decisions are based on a local risk No contact Transient, not face-to-face, limited contact that Any face-to-face contact within 1.5 metres and Prolonged face-to-face contact within 1.5 metres assessment does not meet the definition of face-to-face less than 15 minutes and greater than 15 minutes contact Case = confirmed positive case in a patient, staff member or In general, greater than 30 mins in a closed space Aerosol generating behaviours (AGBs e.g. coughing) OR In general, less than 30 minutes in a closed space\* Based on agreed documented risk assessment Aerosol generating procedures (AGPs) Given current evidence, the risk assessment remains unchanged \*Note: always subject to local documented risk including assessments of occupational exposures regardless of vaccination status assessment, including assessments of and of the physical environment Contact with multiple COVID-19 cases/suspected occupational exposures and of the closed space cases/probable cases 1. No effective PPE worn by staff member or case **Low Risk Moderate Risk High Risk High Risk High Risk** e.g. no PPE or PPE with major breaches such as mask below nose OR Depending on risk Depending on risk case assessment assessment 2. Surgical mask only worn by staff member i.e. no eye **Moderate Risk Moderate Risk Low Risk** Low to High Risk contact between health care worker and protection **Moderate Risk** Case no PPE OR Depending on risk Depending on risk assessment assessment 3. Surgical mask only worn by staff member i.e. no eye **Low Risk Low to Moderate Risk Moderate Risk High Risk** Low to protection **Moderate Risk** > Case wearing surgical mask OR Depending on risk Depending on risk assessment assessment 4. Staff member in surgical mask and eye protection\* with no **Low to Moderate Risk Low Risk Low Risk High Risk** concerns or breaches Case no PPE \*Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of during ( environmental contamination 5. Staff member in surgical mask and eye protection\* with no **Low Risk Low to Moderate Risk Moderate Risk High Risk Low Risk** concerns or breaches worn Case wearing surgical mask OR \* See note in Category 4 box Exposure to ABGs, AGPs No AGBS, no AGPs 6. Staff member in P2/N95 and eye protection; no breaches Low Risk Case either with or without PPE \* See note in Category 4 box

**LOW RISK** 

Continue to work
HCW alert to mild
symptoms
Test if symptomatic

LOW TO MODERATE RISK Initial test usually not earlier than day 2 post exposure,
but can work while result is pending
Retest day 5
Monitor for symptoms, test if symptomatic

Monitor for symptoms, test if symptomatic

Wear a mask at all times on site including staff only
spaces

MODERATE RISK Leave workplace immediately and isolate
Test as soon as possible, but not before day 2; isolate until
day 5 and retest.

If both negative, can return to work with repeat testing every

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72 hours
Clearance/exit test on day 13

Monitor for symptoms, test if symptomatic
Wear a mask at all times on site, including staff only spaces

HIGH RISK

exposure
Initial test usually not earlier than day 2 post exposure
Monitor for symptoms, test if symptomatic
Retest day 7 post last exposure
Retest day 13 (clearance test)
Proof of negative day 13 test is needed to return to work

Leave workplace immediately and isolate for 14 days from last



## \* PPE Breach Risk Assessment key principles.

 Perform a risk assessment to determine the level of exposure as applied to COVID-19 suspected/confirmed.

LOW RISK BREACH Breaches in PPE that occur below the neck and managed immediately. E.g. torn glove

Remove from situation

Remove Item

Perform Hand hygiene

MODERATE RISK BREACH

INCREASED RISK OF INFECTION Incorrect use of PPE, incorrect PPE for task

Contamination occurs during doffing (occurs above neck)

Remove from situation

Remove PPE

Perform Hand Hygiene

Screening/testing and continuous monitoring

HIGH RISK BREACH

LIKELY RISK OF

Exposure of mucous membranes by direct droplets from confirmed COVID positive. (e.g. spitting in HW face by confirmed COVID

Gross contamination during incorrect doffing

Contamination occurs during doffing

Remove from situation

Remove contamination

Remove PPE

Closely Monitor, screen/test, consider removing from clinical duties

Adapted and modified from work developed by AUSMAT Quarantine management and operations compendium for the Howard Springs Quarantine Facility for the Repatriation of Australians at the Centre for National Resilience. National Critical Care and Trauma Response Centre. Darwin 2021.

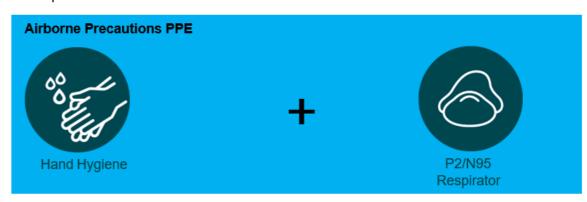
Contact Precautions protect the HW by minimising the COVID-19 transmission risk from direct physical
contact with patients or indirect contact from shared patient care equipment or from contaminated
environmental surfaces



• **Droplet Precautions** protect the HWs nose, mouth and eyes from droplets produced by the patient coughing and sneezing



• **Airborne Precautions** protect the HWs respiratory tract from very small and unseen airborne particles that become suspended in the air.



https://www.cec.health.nsw.gov.au/ data/assets/pdf file/0018/644004/COVID-19-IPAC-manual.pdf