

Revision history .....	1
Introduction .....	2
Assessing the risk following a COVID-19 exposure .....	2
1. Information needed to perform the risk assessment .....	2
2. Risk assessment for all practice staff exposures and clients/patients and carers exposed in a clinical setting 2	
Table 1- COVID-19 exposure risk matrix for FULLY VACCINATED (all staff exposures and clients/patients exposed in a clinical setting) .....	3
Table 2- COVID-19 exposure risk matrix for NOT FULLY VACCINATED (all staff exposures and clients/patients exposed in a clinical setting) .....	4
3. Risk assessment for clients/patients and carers exposed in the waiting room .....	5
Table 3- Waiting room risk matrix (Contact definitions for people who had close-range (<1.5m) contact with a case   5	
Table 4- Waiting room risk matrix: Contact definitions for people who were in the waiting room with the case for 15 minutes or more .....	5
4. Actions for the healthcare facility & NSW Health .....	6
5. Requirements of individuals exposed to a COVID-19 case .....	6
6. Cleaning and potential closure of premises.....	6
Appendix A – Email template to send all practice staff, clinical and non-clinical (moderate risk) .....	8
Appendix B – Email template to send all practice staff, clinical and non-clinical (low to moderate risk) ..	8
Appendix C – Email template to send all practice staff, clinical and non-clinical (low risk) .....	9
Appendix D – Client/patient or carer correspondence (casual/low-moderate/moderate risk contacts) ....	9
Appendix E – Client/patient or carer correspondence (low risk and monitor for symptoms contacts) .....	9
Appendix F – Useful resources and support .....	10

## Revision history

Version	Date	Changes
1.0	December 2021	New document

## Introduction

This document is designed to support healthcare practices in the community to risk assess COVID-19 exposures in their own facilities. It is intended for use by healthcare practices in the community including general practices, specialist medical, dental, allied health, alternative health practices, chiropractors, optometrists, imaging, psychologists, counsellors, acupuncture, traditional medicine and remedial massage.

Healthcare practices are considered to be at high risk of transmission of COVID-19. In addition, they are considered different to general workplace settings due to the potential susceptibility of patients and the duty of care related to providing health services.

When a person with COVID-19 has attended the premises during their infectious period as a staff member, client/patient or carer, a risk assessment is to be undertaken. Exposures can occur during individual clinical consultations, in group scenarios and whilst in non-clinical settings such as the waiting room.

It is important to follow the appropriate actions outlined in this document to minimise the risk of further COVID-19 transmission. If you have queries that cannot be addressed when utilising the tools in this document, please contact your local Public Health Unit (PHU) on 1300 066 055.

## Assessing the risk following a COVID-19 exposure

A risk assessment needs to be undertaken when a healthcare facility becomes aware that a COVID-19 positive staff member, client/patient or carer has attended the premises during their infectious period. The infectious period is either 2 days before the case's symptom onset until the present, or if the case is asymptomatic, 2 days before the positive test until the present. Staff and clients/patients are only contacts if they are exposed to a COVID-19 case during the case's infectious period.

The healthcare facility is responsible for undertaking the risk assessment. The level of risk will determine the actions required by the healthcare facility and those exposed to the COVID-19 case(s).

Risk matrices are provided to assist the healthcare facility to assess the risk following exposure to the COVID-19 case(s). Alternately, a spreadsheet is provided that will calculate the level of risk upon completion of the required fields.

When performing a risk assessment, it is important to capture all people who may have been exposed to the COVID-19 case(s) during the infectious period. This includes all clinical and non-clinical staff members, clients/patients and carers. A non-clinical staff member is someone who is not directly involved in the treatment of the client/patient and may include receptionists, delivery drivers and cleaning staff. Exposures may occur, but are not limited to, clinical settings, staff common areas, meal break rooms and waiting rooms.

### 1. Information needed to perform the risk assessment

- Vaccination status of contact
- Use of Personal Protective Equipment (PPE) by case and contact
- Proximity and duration with the COVID-19 case
- Aerosol generating behaviours (AGB) and aerosol generating procedures (AGP), where a patient is the case
- Size of waiting room (where patient or carer is the case)

### 2. Risk assessment for all practice staff exposures and clients/patients and carers exposed in a clinical setting

Use the matrices below to assess the level of risk for all exposed staff members (clinical and non-clinical) and client/patients and carers exposed in a clinical setting.

- Table 1- For fully vaccinated (> 14 days since a completed course of vaccination)
- Table 2- For not fully vaccinated

**OR**

Use **Tab 1** of the spreadsheet to determine the level of risk for all exposed staff members (clinical and non-clinical) and client/patients and carers exposed in a clinical setting.

**Table 1- COVID-19 exposure risk matrix for FULLY VACCINATED (all staff exposures and clients/patients exposed in a clinical setting)**

<b>NB: All exposure category decisions are based on a local risk assessment</b>  <b>Case = Any confirmed positive case of COVID-19 (co-worker, patient, or other)</b>		<b>Transient Contact – Low Risk</b> Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact OR In general, less than 30 minutes in a closed space*  *Note: always subject to local documented risk assessment, including assessments of occupational exposures and of the closed space	<b>Medium Risk Scenarios</b> Any face-to-face contact within 1.5 metres and less than 15 minutes OR In general, greater than 30 mins in a closed space OR Based on agreed documented risk assessment including assessments of occupational exposures and of the physical environment	<b>Highest Risk Scenarios</b> Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes OR Aerosol generating behaviours (AGBs e.g. coughing) OR Aerosol generating procedures (AGPs) OR Contact with <u>multiple</u> COVID-19 cases/suspected cases/probable cases	
<b>PPE worn during contact between case and contact</b>	1. No effective PPE worn by case or contact e.g. no PPE or PPE with major breaches such as mask belownose	<b>Low to Moderate Risk</b> Depending on risk assessment	<b>Moderate Risk</b> Depending on risk assessment	<b>Moderate Risk</b>	<b>High Risk</b>
	2. Surgical mask only worn by contact i.e. no eye protection ➢ Case no PPE	<b>Low Risk</b>	<b>Low to Moderate Risk</b> Depending on risk assessment	<b>Moderate Risk</b> Depending on risk assessment	<b>High Risk</b>
	3. Surgical mask only worn by contact i.e. no eye protection ➢ Case wearing surgical mask	<b>Low Risk</b>	<b>Low to Moderate Risk</b>	<b>Moderate Risk</b> Depending on risk assessment	<b>High Risk</b> Depending on risk assessment
	4. Contact in surgical mask and eye protection* with no concerns or breaches ➢ Case no PPE	<b>Low Risk</b>	<b>Low Risk</b>	<b>Moderate Risk</b>	
	5. Contact in surgical mask and eye protection* with no concerns or breaches ➢ Case wearing surgical mask	<b>Low Risk</b>	<b>Low Risk</b>	<b>Low to Moderate Risk</b> Depending on risk assessment	<b>Moderate Risk</b> Depending on risk assessment
	6. Contact in P2/N95 mask and eye protection* with no concerns or breaches ➢ Case either with or without PPE	<b>Low Risk</b>	<b>Low Risk</b>	<b>Low Risk</b>	

\*4. Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of environmental contamination

<b>LOW RISK</b>	Follow NSW Health advice for <a href="#">people with COVID-19 symptoms</a>	<b>LOW TO MODERATE RISK</b>	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. Wear a mask at all times on site including staff only spaces	<b>MODERATE RISK</b>	Leave workplace immediately and isolate. Initial test usually not earlier than day 2 post exposure; isolate until day 5 and retest. If both negative, can return to work with repeat PCR testing every 72 hours or daily RAT. Clearance/exit test on day 12. Monitor for symptoms, test if symptomatic. Wear a mask at all times on site including staff only spaces	<b>HIGH RISK</b>	Follow NSW health advice for <a href="#">Close Contacts of COVID-19</a>
-----------------	----------------------------------------------------------------------------	-----------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------	-------------------------------------------------------------------------

**Table 2- COVID-19 exposure risk matrix for NOT FULLY VACCINATED (all staff exposures and clients/patients exposed in a clinical setting)**

NB: All exposure category decisions are based on a local risk assessment  Case = Any confirmed positive case of COVID-19 (co-worker, patient, or other)		<b>Transient Contact – Low Risk</b> Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact OR In general, less than 30 minutes in a closed space* *Note: always subject to local documented risk assessment, including assessments of occupational exposures and of the closed space		<b>Medium Risk Scenarios</b> Any face-to-face contact within 1.5 metres and less than 15 minutes OR In general, greater than 30 mins in a closed space OR Based on agreed documented risk assessment including assessments of occupational exposures and of the physical environment	<b>Highest Risk Scenarios</b> Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes OR Aerosol generating behaviours (AGBs e.g. coughing) OR Aerosol generating procedures (AGPs) OR Contact with <u>multiple</u> COVID-19 cases/suspected cases/probable cases
PPE worn during contact between case and contact	1. No effective PPE worn by case or contact e.g. no PPE or PPE with major breaches such as mask below nose	Moderate Risk Depending on risk assessment	High Risk Depending on risk assessment	High Risk	High Risk
	2. Surgical mask only worn by contact i.e. no eye protection ➤ Case no PPE	Low to Moderate Risk Depending on risk assessment	Moderate Risk Depending on risk assessment	Moderate Risk	High Risk
	3. Surgical mask only worn by contact i.e. no eye protection ➤ Case wearing surgical mask	Low to Moderate Risk		Low to Moderate Risk Depending on risk assessment	High Risk
	4. Contact in surgical mask and eye protection* with no concerns or breaches ➤ Case no PPE	Low Risk		Low to Moderate Risk	High Risk
	5. Contact in surgical mask and eye protection* with no concerns or breaches ➤ Case wearing surgical mask	Low Risk		Low to Moderate Risk	Moderate Risk Depending on risk assessment
	6. Contact in P2/N95 mask and eye protection* with no concerns or breaches ➤ Case either with or without PPE	Low Risk		Low Risk	Low Risk

\*4. Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of environmental contamination

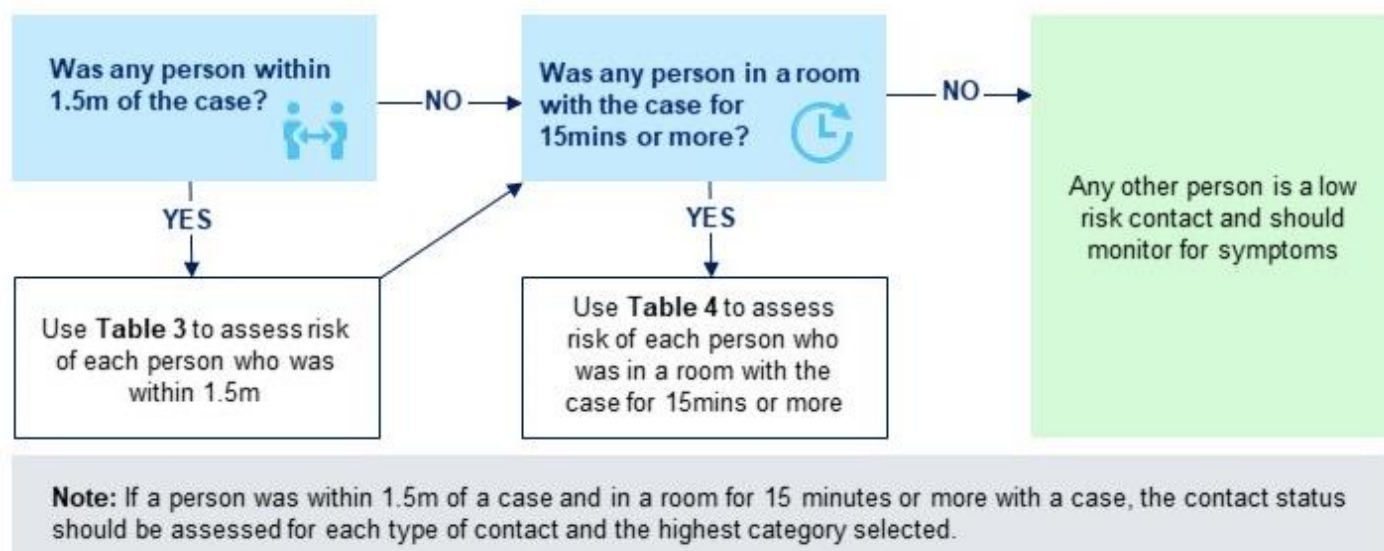
<b>LOW RISK</b>	Follow NSW Health advice for <a href="#">people with COVID-19 symptoms</a>	<b>LOW TO MODERATE RISK</b>	Initial test usually not earlier than day 2 post exposure, but can work while result is pending retest day 5. Monitor for symptoms, test if symptomatic Wear a mask at all times on site including staff only spaces	<b>MODERATE RISK</b>	Leave workplace immediately and isolate Initial test usually not earlier than day 2 post exposure; isolate until day 5 and retest. If both negative, can return to work with repeat PCR testing every 72 hours or daily RAT. Clearance/exit test on day 12 Monitor for symptoms, test if symptomatic Wear a mask at all times on site including staff only spaces	<b>HIGH RISK</b>	Follow NSW health advice for <a href="#">Close Contacts of COVID-19</a>
-----------------	----------------------------------------------------------------------------	-----------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------	-------------------------------------------------------------------------



## 3. Risk assessment for clients/patients and carers exposed in the waiting room

Apply the following criteria to determine the category of clients/patients and carers exposed to a COVID-19 case in the waiting room.

**Figure 1:** Process for assessing clients/patients and carers exposed to a COVID-19 case in a non-clinical setting



OR

Use **Tab 2** of the spreadsheet to determine the level of risk for all clients/patients and carers exposed in the waiting room.

**Table 3- Waiting room risk matrix (Contact definitions for people who had close-range (<1.5m) contact with a case**

Type of close-range contact	Masks*	Vaccination status of the exposed person**	
		Partial or none	Full
Direct physical contact	Yes or no	Close	Casual
Conversation while within 1.5 m	Yes	Close	Low risk
	No	Close	Casual
Within 1.5m for <b>less than 1 minute</b>	Yes or no	Low risk	Low risk
Within 1.5m for <b>between 1 minute and 15 minutes</b> <sup>†</sup>	Yes	Casual	Low risk
	No	Close	Casual
Within 1.5m for <b>15 minutes or more</b> <sup>†</sup>	Yes or no	Close	Casual

**Table 4- Waiting room risk matrix: Contact definitions for people who were in the waiting room with the case for 15 minutes or more**

**Table 2:** Contact definitions for people who were in a room with a case for 15 minutes or more

Size of room	Masks*	Vaccination status of the exposed person**	
		Partial or none	Full
Less than 100 m <sup>2</sup>	Yes or no	Close	Casual
Between 100 m <sup>2</sup> and 300 m <sup>2</sup>	Yes or no	Casual	Low risk
More than 300 m <sup>2</sup>	Yes or no	Low risk	Low risk

\* Yes = masks properly worn by **both** case and contact for the duration of the period of contact.

\*\* Full vaccination is 14 days following 2nd dose.

<sup>†</sup> Cumulative time over 24hrs

## 4. Actions for the healthcare facility & NSW Health

The healthcare facility is responsible for providing the advice to:

- All practice staff identified as moderate risk (Appendix A)
- All practice staff identified as low to moderate risk (Appendix B)
- All practice staff identified as low risk (Appendix C)
- All clients/patients and carers identified as low to moderate risk, moderate risk, or casual (Appendix D)
- All clients/patients and carers identified as low risk or monitor for symptoms (Appendix E)

If your assessment identifies close or high risk contacts send the spreadsheet using a secure method to your local PHU. NSW Health will notify identified close and high risk contacts where mobile numbers or email addresses are provided.

Healthcare facilities have a responsibility to notify Safework NSW if a worker has contracted COVID-19 at work or was likely infectious in the workplace (13 10 50 or visit [SafeWork](https://www.safework.nsw.gov.au)).

If any assistance is required to complete the spreadsheet or interpret the outcomes, phone your local PHU (Phone: 1300 066 055).

## 5. Requirements of individuals exposed to a COVID-19 case

Individuals exposed to a COVID-19 case will be notified by NSW Health or the healthcare facility as outlined above. The following criteria is used to determine the requirements of the individual:

Level of risk	Classification	Requirements if staff
High risk	Close contact	<a href="#">Close contact of COVID-19</a>
Medium risk	Casual contact- medium risk	Leave workplace immediately and isolate. Initial test usually not earlier than day 2 post exposure. Isolate until day 5 and retest. If both negative, can return to work with repeat PCR testing every 72 hours or daily RAT. Clearance/exit test on day 12. Monitor for symptoms, test if symptomatic. Wear a mask at all times on site including staff only spaces.
Low to medium risk	Casual contact- low to medium 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. Wear a mask at all times on site including staff only spaces.
Low risk	Monitor for symptoms	<a href="#">People with COVID-19 symptoms</a>

## 6. Cleaning and potential closure of premises

Following a confirmed COVID-19 case, an additional enhanced clean is recommended in areas of the practice based on identified case movements. This meets the requirement for environmental decontamination in the presence of a case and transmission of COVID-19 within a healthcare facility.

As of 2 October 2021, the Clinical Excellence Commission (CEC) has provided the following advice:

Individuals who have been in close contact with a COVID-19 case are at highest risk of becoming infected. Environmental contamination leading to SARS-COV-2 transmission is unlikely to occur. NSW Health does not require that a specialist cleaning company be used. This is at the discretion of the practice manager.

Alternatively, healthcare facility in the community can utilise the cleaning guidelines listed in the [Safe Work Australia link](#).

Based on the risk assessment and subsequent requirements of staff exposed to a COVID-19 case, the healthcare facility may need to implement contingency plans to remain open.

Closure may be required:

- To allow cleaning. Premises must be appropriately cleaned following attendance of a confirmed case. This can be done overnight so as not to disrupt normal business hours. If premises are notified during business hours they may need to close to undertake cleaning.
- If staff are identified as close or casual contacts and need to self-isolate or get a test, the business may not have enough staff available to remain operational.
- If a public health risk assessment advises this is required.

If all staff cases, close or casual contacts from the healthcare facility have satisfied their testing and isolation requirements it is acceptable the premise is open.

## Appendix A – Email template to send all practice staff, clinical and non-clinical (moderate risk)

Dear (NAME),

Please be advised that you have recently been exposed to somebody with COVID-19 at your workplace while they were infectious on (date).

Based on this exposure you are considered 'moderate risk'. As a moderate risk contact, please follow the following advice:

- Leave workplace immediately and isolate.
- Get initial test usually not earlier than day 2 post exposure.
- Isolate until day 5 and retest.

If both negative, you can return to work with repeat PCR testing every 72 hours or daily RAT testing. You are to get a clearance/exit test on day 12 and continue to monitor for symptoms.

If you become unwell during this time, contact your GP via phone, or if it is a medical emergency, you should phone 000.

Please advise the ambulance that you have had contact with a confirmed case of COVID-19.

Thank you for helping keep NSW Safe.

## Appendix B – Email template to send all practice staff, clinical and non-clinical (low to moderate risk)

Dear (NAME),

Please be advised that you have recently been exposed to somebody with COVID-19 at your workplace while they were infectious on (date).

Based on this exposure you are considered 'low to moderate risk'. As a low to moderate risk contact, please follow the following advice:

- Get initial test usually not earlier than day 2 post exposure (you can continue working while result is pending)
- Retest on day 5 and retest.

Continue to monitor for symptoms and get another test if any symptoms present.

If you become unwell during this time, contact your GP via phone, or if it is a medical emergency, you should phone 000.

Please advise the ambulance that you have had contact with a confirmed case of COVID-19.

Thank you for helping keep NSW Safe.



## Appendix C – Email template to send all practice staff, clinical and non-clinical (low risk)

Dear (NAME),

Please be advised that there has been a person with COVID-19 at your workplace while they were infectious on (date).

You have been identified as low risk and will need to MONITOR FOR SYMPTOMS until (Date). If you develop any of the [COVID-19 symptoms](#), get tested immediately and isolate until further directed.

If you become unwell, contact your GP via phone, or if it is a medical emergency, you should phone 000.

Please advise the ambulance that you have symptoms and have had contact with a confirmed case of COVID-19.

Thank you for helping to keep NSW safe.

## Appendix D – Client/patient or carer correspondence (casual/low-moderate/moderate risk contacts)

Dear (NAME),

Please be advised that you have recently been at a venue/premises at the same time as person with infectious COVID-19 on (DATE)

Based on this exposure you are considered a casual contact. As a casual contact, please follow NSW Health advice for [casual contacts of COVID-19](#).

If you become unwell during this time, contact your GP via phone, or if it is a medical emergency, you should phone 000.

Please advise the ambulance that you have had contact with a confirmed case of COVID-19.

Thank you for helping keep NSW Safe.

## Appendix E – Client/patient or carer correspondence (low risk and monitor for symptoms contacts)

Dear (NAME),

Please be advised that you have recently been at a venue/premises the same day as person with infectious COVID-19 on (DATE)

You have been identified as low risk and will need to MONITOR FOR SYMPTOMS until (Date). If you develop any of the [COVID-19 symptoms](#), get tested immediately and isolate until further directed.

If you become unwell, contact your GP via phone, or if it is a medical emergency, you should phone 000.

Please advise the ambulance that you have symptoms and have had contact with a confirmed case of COVID-19.

Thank you for helping to keep NSW safe.

## Appendix F – Useful resources and support

Resource links	Support during isolation
<a href="#">NSW Health COVID-19 Website</a>	Emergency Care Call 000
<a href="#">NSW Health- Guidance for businesses with linked COVID-19 cases</a>	Contacting your local Public Health Unit 1300 066 055
<a href="#">NSW Health Website- list of venues</a>	Service NSW- Essential food or medication support 13 77 88
<a href="#">Close contact fact sheet</a>	Other non urgent health related questions 1800 943 553
<a href="#">Casual contact fact sheet</a>	<a href="#">Pandemic Leave Disaster Payment</a>
<a href="#">Self-isolation fact sheet</a>	NSW Mental Health Line 1800 011 511
<a href="#">Safe Work Australian cleaning information</a>	<a href="#">Beyond Blue</a> 1800 512 348
<a href="#">Department of Health- CDNA Guidelines</a>	<a href="#">Lifeline</a> 13 11 14
<a href="#">NSW Health Additional Resources</a>	<a href="#">Kids Helpline</a> 1800 55 1800
	National sexual assault and domestic violence helpline (1800 RESPECT) 1800 737 732