

## Clinical Guideline



**Health**  
Hunter New England  
Local Health District

## Risk Assessment: Staff identified as COVID-19 Cases or Contacts

<b>Sites where PCP applies</b>	All HNELHD facilities
<b>Target audience</b>	All staff.
<b>Description</b>	This document provides guidance on the risk assessment of staff who are COVID-19 positive or identified as a COVID-19 contact and return to work.

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<b>Keywords</b>	COVID-19, COVID, SARS-CoV-2, HCW, healthcare worker, close contact, secondary close contact, household member, casual contact
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**Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:**

- [NSW Health Close Contacts of COVID-19](#)

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## GLOSSARY

Acronym or Term	Definition
Close contact	<ul style="list-style-type: none"> <li>lives with a person who has confirmed COVID-19; or</li> <li>has spent more than 4 hours with a person who has confirmed COVID-19 in their home, accommodation or care facility; or</li> <li>have attended a venue where increased transmission of COVID-19 has occurred</li> </ul>
High risk setting	Defined by NSW Health as health care, aged care, disability care, early childhood, primary schools, and correctional facilities
Household-like Exposure	“Household-like” means spent more than 4 hours with a confirmed case within the same house or same part of a building. This does not include most social and other community contacts, many of which would formerly have been designated “close contact”.
Senior Health Service Manager	General Manager or their delegate
Significantly Immunocompromised	May include, but are not limited to, those who have had an organ transplant and are on immune suppressive therapy; have had a haematopoietic stem cell transplant in the past 2 years; are on immune suppressive therapy for graft versus host disease; have had an active haematological malignancy; human immunodeficiency virus infection with CD4 T-lymphocyte count below 200 cells/per mm <sup>3</sup> ; or other conditions specifically noted by the treating medical practitioner.

**PURPOSE AND RISKS**

This document provides guidance on the risk assessment and management of staff who are COVID-19 positive or exposed to COVID-19 and processes for balancing the risk of transmission in health care facilities and maintaining essential services. Risk assessment forms and checklists are included in appendices for staff who are COVID-19 positive or COVID-19 contacts returning to work.

**Risk Category:** Workforce

**1. Staff returning to work following COVID-19 positive result**

[NSW Health](#) requires COVID-19 positive cases to self-isolate for 7 days. Cases are able to leave isolation at the completion of 7 days if they are asymptomatic for the previous 24 hours, however they are required to avoid high-risk settings for a further 3 days. For cases without resolution of symptoms or who are significantly immunocompromised, [CDNA guidelines](#) release from isolation criteria should be considered.

Low risk cases will receive an automated SMS from NSW Health providing clearance (however they are not required to wait for the SMS to leave isolation); clearance for moderate-high risk cases is provided by the treating team (i.e. COVID Care in the Home, GP or inpatient team).

Staff do not require ongoing COVID-19 tests on return to work following clearance unless new COVID-19 symptoms develop OR they have a re-exposure to COVID-19, more than one month after release from isolation.

Note the released staff member can still return to work even if there is another positive (unreleased) case within the household, provided the staff member is within 4 weeks of the release from isolation date.

See appendix 1: COVID-19 Positive Staff Return to Work Checklist

**1.1 Staff with resolution of symptoms**

Staff are able to return to work if they meet all of the following criteria:

- 10 days have passed since symptom onset OR the date of their positive test (whichever occurred first); and
- There has been resolution of symptoms in the previous 24 hours; and
- They are not significantly immunocompromised

If the staff member's absence would pose **significant risk** to the safe delivery of services, a risk assessment is to be undertaken by the General Manager and the staff member is able to return to work after 7 days of isolation **AND** there has been resolution of symptoms for the previous 24 hours. The staff member must wear a surgical or N95/P2 respirator (as per [CEC guidance](#)) at all times and have breaks outside or in a designated area separate to shared tearooms until after day 10.

**1.2 Staff without complete resolution of acute respiratory symptoms**

Staff who have not had complete resolution of acute respiratory symptoms are able to return to work if they meet all of the following criteria:

- 14 days have passed since symptom onset OR the date of their positive test (whichever occurred first); and
- There has been resolution of fever for the previous 72 hours; and
- There has been substantial improvement in respiratory symptoms of the acute illness; and
- They are not significantly immunocompromised

**1.3 Staff who are significantly immunocompromised**

Staff who are significantly immunocompromised are able to return to work after 10 days if they meet one of the criteria above **AND** following at least two consecutive negative PCR tests collected at least 24 hours apart after day 7 from symptom onset.

## 2. Staff identified as close contact (i.e. household or “household-like” exposure\* or high risk exposure)

Staff members identified as a COVID-19 close contact are required to self-isolate for 7 days since last exposure to the COVID-19 case and undergo a RAT on day 2 (48 hours) and day 6.

If a staff member is unable to self-isolate from the positive household member, their isolation period (day 1) does not commence until the positive case is released from isolation (usually 7 days) (see [CDNA National guidelines](#)).

### 2.1 Conventional management

Staff are not to attend the workplace for 7 days post exposure.

Staff are able to return to work following a negative day 6 RAT test **AND** after completion of 7 days isolation. The COVID-19 Contacts: Staff Return to Work Risk Assessment (appendix 2) is to be completed and all components of the risk management plan adhered to for the next 7 days.

Risk Management Plan (days 8-14):

- Daily symptom monitoring
- Surgical mask or N95/P2 respirator (as per [CEC guidance](#)) to be worn at all times
- Manager to consider redeploying staff member to a lower patient risk area
- Staff member to have breaks outside or in a designated area separate from shared tearooms
- Staff member not to participate in gatherings in the workplace where masks are likely to be removed

### 2.2 Significant risk to safe service delivery management

If the staff member’s absence would pose **significant risk** to the safe delivery of services, a risk assessment may be undertaken by the senior health service manager and the staff member may be able to return to work after **5 days** of isolation. In circumstances where there is **extreme impact** on the safe delivery of services, the General Manager may approve a return to work after **2 days** (i.e. 48 hours) of isolation.

The COVID-19 Contacts: Staff Return to Work Risk Assessment (appendix 2) is to be completed and approved by the General Manager, and all components of the risk management plan adhered to for 14 days following exposure.

Risk Management Plan (days 1-14):

- Daily COVID-19 rapid antigen test (RAT) for 7 days post exposure including non-work days
- Rapid PCR test or RAT on day 2 post exposure (can work while result pending)
- Daily symptom monitoring
- Surgical mask or N95/P2 respirator (as per [CEC guidance](#)) to be worn at all times
- Manager to consider redeploying staff member to a lower patient risk area
- Staff member to have breaks outside or in a designated area separate from shared tearooms
- Staff member not to participate in gatherings in the workplace where masks are likely to be removed
- Staff member to travel directly to and from work and must isolate when not at work

Managers are to provide staff with a 7 day supply of RAT tests. Staff are to report their RAT results into StaffTrakr on a daily basis <https://cmgmt.citc.health.nsw.gov.au/> and complete on Return to work assessment form (appendix 2). Managers are able to access RAT Results Report through StaffLink (see Manager Guide in appendix 3). If RAT is not available, staff are to be directed to have either daily rapid PCR test (on each working day) or second-daily standard PCR tests. If RAT or PCR testing is not available, the staff member must not attend the workplace for 7 days from exposure.

## 3. Staff exposure in NSW health care facility

Apply the [Healthcare Worker COVID-19 Exposure Risk Assessment Matrix](#) to determine risk stratification and management plan. Complete all components of assessment and management in the [COVID-19 Exposure Incidents and Outbreaks in HNELHD Facilities](#) guideline.

### 3.1 Low risk exposure

Staff member is able to continue to work but must monitor for COVID-19 symptoms and if symptoms develop get tested immediately and self-isolate.

### 3.2 Medium risk exposure

Staff are able to continue to work. The COVID-19 Contacts: Staff Return to Work Risk Assessment (appendix 2) is to be completed and all components of the risk management plan adhered to.

Risk Management Plan (14 days):

- RAT test day 2 (48 hours) following exposure
- Daily symptom monitoring
- Surgical mask or N95/P2 respirator (as per [CEC guidance](#)) to be worn at all times
- Manager to consider redeploying staff member to a lower patient risk area
- Staff member to have breaks outside or in a designated area separate from shared tearooms
- Staff member not to participate in gatherings in the workplace where masks are likely to be removed

### 3.3 High risk exposure

#### Conventional management

Staff member is not to attend the workplace for 7 days post exposure and is required to have a RAT on day 2 (48 hours) and day 6.

Staff are able to return to work following a negative day 6 RAT **AND** after completion of 7 days isolation. The COVID-19 Contacts: Staff Return to Work Risk Assessment (appendix 2) is to be completed and all components of the risk management plan adhered to for the next 7 days.

Risk Management Plan (days 8-14):

- Daily symptom monitoring
- Surgical mask or N95/P2 respirator (as per [CEC guidance](#)) to be worn at all times
- Manager to consider redeploying staff member to a lower patient risk area
- Staff member to have breaks outside or in a designated area separate from shared tearooms
- Staff member not to participate in gatherings in the workplace where masks are likely to be removed

#### Significant risk to safe service delivery management

If the staff member's absence would pose **significant risk** to the safe delivery of services, a risk assessment may be undertaken by the senior health service manager and the staff member may be able to return to work after **5 days** of isolation. In circumstances where there is **extreme impact** on the safe delivery of services, the General Manager may approve a return to work after **2 days** (i.e. 48 hours) of isolation.

The COVID-19 Contacts: Staff Return to Work Risk Assessment (appendix 2) is to be completed and approved by the senior health service manager, and all components of the risk management plan adhered to for 14 days following exposure.

Risk Management Plan (days 1-14):

- Daily COVID-19 rapid antigen test (RAT) for 7 days post exposure including non-work days
- Rapid PCR test or RAT on day 2 post exposure (can work while result pending)
- Daily symptom monitoring
- Surgical mask or N95/P2 respirator (as per [CEC guidance](#)) to be worn at all times
- Manager to consider redeploying staff member to a lower patient risk area
- Staff member to have breaks outside or in a designated area separate from shared tearooms
- Staff member not to participate in gatherings in the workplace where masks are likely to be removed
- Staff member to travel directly to and from work and must isolate when not at work

Managers are to provide staff with a 7 day supply of RAT tests. Staff are to report their RAT results into StaffTrakr on a daily basis <https://cmgmt.citc.health.nsw.gov.au/> and complete on Return to work assessment form (appendix 2). Managers are able to access RAT Results Report



through StaffLink (see Manager Guide in appendix 3). If RAT is not available, staff are to be directed to have either daily rapid PCR test (on each working day) or second-daily standard PCR tests. If RAT or PCR testing is not available, the staff member must not attend the workplace for 7 days from exposure.

**4. Moderate risk staff exposure in the community (e.g. friend or family member at a social event)**

Staff are able to continue to work. The COVID-19 Contacts: Staff Return to Work Risk Assessment (appendix 2) is to be completed and all components of the risk management plan adhered to.

Transient, low risk exposures (e.g. Service NSW notification to monitor for symptoms after being in the same shop as a COVID-19 case) **do not need** to complete a Return to Work Risk Assessment or Plan. Staff are to monitor for symptoms, and if symptoms develop get tested immediately and self-isolate. See appendix 5 for examples of community exposure.

Risk Management Plan (14 days):

- Daily COVID-19 rapid antigen test (RAT) for 7 days post exposure including non-work days
- Daily symptom monitoring
- Surgical mask or N95/P2 respirator (as per [CEC guidance](#)) to be worn at all times
- Staff member to have breaks outside or in a designated area separate from shared tearooms
- Staff member not to participate in gatherings in the workplace where masks are likely to be removed
- Manager to consider redeploying staff member to a lower patient risk area

Managers are to provide staff with a 7 day supply of RAT tests. Staff are to report their RAT results into StaffTrakr on a daily basis <https://cmgmt.citc.health.nsw.gov.au/> and complete on Return to work assessment form (appendix 2). Managers are able to access RAT Results Report through StaffLink (see Manager Guide in appendix 3). If RAT is not available, staff are to be directed to have either daily rapid PCR test (on each working day) or second-daily standard PCR tests. If RAT or PCR testing is not available, the staff member must not attend the workplace for 7 days from exposure.

**5. All other exposures (including staff returning from overseas, staff living with international traveller)**

Staff are able to continue to work. The COVID-19 Contacts: Staff Return to Work Risk Assessment (appendix 2) is to be completed and all components of the risk management plan adhered to.

Risk Management Plan (14 days post exposure/return from overseas):

- Daily symptom monitoring
- Surgical mask or N95/P2 respirator (as per [CEC guidance](#)) to be worn at all times
- Staff member to have breaks outside or in a designated area separate from shared tearooms
- Staff member not to participate in gatherings in the workplace where masks are likely to be removed
- Manager to consider redeploying staff member to a lower patient risk area

Transient, low risk exposures (e.g. Service NSW notification to monitor for symptoms after being in the same shop as a COVID-19 case) do not require a Return to Work Risk Assessment or plan. Staff are to monitor for symptoms, and if symptoms develop get tested immediately and self-isolate. See appendix 5 for examples of community exposure.

**IMPLEMENTATION, MONITORING COMPLIANCE AND AUDIT**

1. This guideline and its roles and responsibilities are to be communicated to all relevant staff via Executive Directors, General Managers and Director of Medical Services.
2. The document will be communicated via the CE News and be available on the PPG and COVID-19 Intranet pages.
3. The leadership team who has approved the guideline are responsible for ensuring timely and effective review of the guideline.

## REVISION HISTORY

Version	Date	Changes
Version 14	9 February 2022	Risk management strategies for positive staff returning after 7 days; Update to PCR or RAT for close contacts and high risk staff exposures; Addition of manager notification for off-site managers; Inclusion of transient low risk exposure guidance.
Version 13	19 January 2022	Note added to staff returning following positive result (section 1); Additional guidance in close contacts for staff who cannot isolate away from positive household member (section 2); Updated COVID-19 Contacts return to work form (appendix 2).
Version 12	13 January 2022	Updated document description; Addition of table of contents; Update to RAT day 2 and 6 for close contacts and high risk exposures; Addition of appendix 1 COVID-19 Positive Staff Return to Work Checklist; Addition of appendix 3 Manager Guide: Employee COVID-19 Rapid Antigen Test Results Report.
Version 11	10 January 2022	Update to rapid PCR day 2 for close contacts and high-risk exposures; Addition of link to new COVID-19 exposures and outbreaks in healthcare facilities guideline; Addition of PCR or RAT options on risk assessment form; Update to release from isolation for positive staff with resolution of symptoms in previous 24 hours (previously 72 hours) to align with NSW Health guidance
Version 10	02 January 2022	Significant updates to align with NSW Health guidance 31 December 2021; Addition of appendix 1.
Version 9	29 December 2021	Updates to management of COVID-19 positive staff; Inclusion of RAT test on day 6 in addition to PCR test for section 2 and section 7; Changes to PCR day 2 test for section 4.1
Version 8	24 December 2021	Addition of management of COVID-19 positive staff; Additional requirements for section 3 (exposure in NSW Healthcare facility) to align with NSW Health; Update to Risk assessment and declaration form.
Version 7	22 December 2021	Updates to risk assessment form; Inclusion of risk assessment form for staff returning from overseas.
Version 6	21 December 2021 3.30pm	Removal of PCR requirement in section 3.2
Version 5	21 December 2021 10am	New categories and changes to existing categories to align with newly released NSW Health guidance; Updated risk assessment and declaration form.
Version 4	17 December 2021	Addition of day 6 PCR for casual contacts; Updated flowcharts; Formatting changes; Updated risk assessment and declaration form.
Version 3	15 December 2021	Addition of close contact and casual contact risk assessments; Document name change.
Version 2	26 November 2021	Change from child of HCW to household member.
Version 1	18 November 2021	Original document.

## Appendix 1 - COVID-19 Positive Staff: Return to Work Checklist

All conditions of section 1, 2 or 3 must be met prior to return to work.

<b>Employee Details</b> Name _____ Staff ID _____ Date of birth _____ Facility _____ Ward / department _____
<b>Details of COVID-19</b> Symptom onset date _____ Positive PCR or RAT date _____ Release from isolation date _____
<b>1. Staff with Resolution of Symptoms</b> <u>Conventional Management</u> <input type="checkbox"/> 10 days have passed since symptom onset or positive PCR or RAT (whichever occurred first) <input type="checkbox"/> Staff member has completed 7 days isolation <input type="checkbox"/> Staff member has had resolution of symptoms in previous 24 hours <u>Significant risk to safe delivery of services</u> <input type="checkbox"/> 7 days have passed since symptom onset or positive PCR or RAT (whichever occurred first) <input type="checkbox"/> Staff member has had resolution of symptoms in previous 24 hours <input type="checkbox"/> General Manager approval for early return to work
<b>2. Staff without Complete Resolution of Symptoms</b> <input type="checkbox"/> 14 days have passed since symptom onset or positive PCR or RAT (whichever occurred first) <input type="checkbox"/> Staff member has had resolution of fever in previous 72 hours <input type="checkbox"/> Staff member has had substantial improvement in respiratory symptoms of the acute illness <input type="checkbox"/> Staff member is not significantly immunocompromised
<b>3. Staff who are Significantly Immunocompromised</b> <input type="checkbox"/> 10 days have passed since symptom onset or positive PCR or RAT (whichever occurred first) <input type="checkbox"/> Staff member meets criteria for section 1 or 2 <input type="checkbox"/> Staff member has two negative PCR tests collected > 24 hours apart after day 7 symptom onset
<b>Manager Approval for Return to Work</b> Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Manager Name _____ Signature _____

Note: Staff do not require ongoing COVID-19 tests on return to work following clearance unless new COVID-19 symptoms develop OR they have a re-exposure to COVID-19, more than one month after release from isolation.



## Appendix 2 - COVID-19 Contacts: Staff Return to Work Risk Assessment

### Employee Details

Name \_\_\_\_\_ Staff ID \_\_\_\_\_  
Facility \_\_\_\_\_ Ward / department \_\_\_\_\_

### Vaccination Status

☐ Not vaccinated ☐ Vaccinated (2 doses) ☐ Booster received

### Details of COVID-19 Exposure

Exposure: ☐ Close Contact ☐ High risk ☐ Moderate risk ☐ Low risk ☐ Community ☐ Other

Location of contact \_\_\_\_\_

Date of last contact with COVID-19 confirmed case (day 1) \_\_\_\_\_

### 1. Close Contact or High Risk Exposure

#### Conventional management

- ☐ Isolate 7 days  
☐ Day 6 RAT Result: ☐ Negative ☐ Positive – not to attend work  
☐ Daily symptom check (days 8-14 post exposure) – submit to manager day 7 and 14

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Symptoms Y/N							

#### Significant risk to safe delivery of services

- ☐ Isolate 5 days ☐ Isolate 2 days (requires General Manager approval)  
☐ Day 2 rapid PCR Result: ☐ Negative ☐ Positive – not to attend work  
☐ Daily RAT (days 1-7 post exposure) – staff to report results on [StaffTrakr](#) daily

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Result							

- ☐ Daily symptom check (days 3-14 post exposure) – submit to manager day 7 and 14

			Day 3	Day 4	Day 5	Day 6	Day 7
Symptoms Y/N							
	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Symptoms Y/N							

### 2. Medium Risk Exposure

- ☐ Day 2 RAT Result: ☐ Negative ☐ Positive – not to attend work  
☐ Daily symptom check (days 1-14) – submit to manager day 7 and 14

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Symptoms Y/N							
	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Symptoms Y/N							

### 3. Exposure in Community (e.g. friend or family member at social event)

☐ Daily RAT (days 1-7 post exposure) – staff to report results on [StaffTrakr](#) daily

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Result							

☐ Daily symptom check (days 1-14) – submit to manager day 7 and 14

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Symptoms Y/N							
	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Symptoms Y/N							

### 4. All other exposures in community

☐ Daily symptom check (days 1-14) – submit to manager day 7 and 14

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Symptoms Y/N							
	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Symptoms Y/N							

### Manager Approval for Risk Management Plan

Date \_\_\_\_\_

Manager Name \_\_\_\_\_ Signature \_\_\_\_\_

If the staff member works at an alternative site to their line manager, the manager is responsible for ensuring that the facility manager is aware of the staff members return to work assessment and management plan.

### Return to work agreement

This return to work agreement may need to be adapted or rescinded at short notice if there are changes in guidance or isolation requirements.

- You are required to complete all requirements according to your exposure as above
- If a positive result is received on either your rapid antigen test (RAT) or PCR test, you must **NOT** attend work and are to notify your manager immediately.
- You must wear a surgical mask or N95/P2 respirator at all times in the healthcare facility and it cannot be removed at any time unless eating and drinking and **NEVER** whilst in patient care areas.
- You are to restrict your movements in the facility to only your ward/unit/service and must not visit other areas such as the cafeteria, social visits, or attend meetings or education sessions.
- Meal and beverage breaks must be taken separate from other staff (e.g. outdoors).
- You are encouraged to utilise technologies such as Skype / Teams / mobile phones wherever possible to reduce interactions with other health workers / patients/ consumers.

☐ I agree to follow all requirements of this agreement, my manager and the Infection Prevention Service

☐ I understand that it is my responsibility to notify my manager immediately if I have any COVID-19 symptoms or test positive to COVID-19

Date \_\_\_\_\_

Staff Member Name \_\_\_\_\_ Signature \_\_\_\_\_

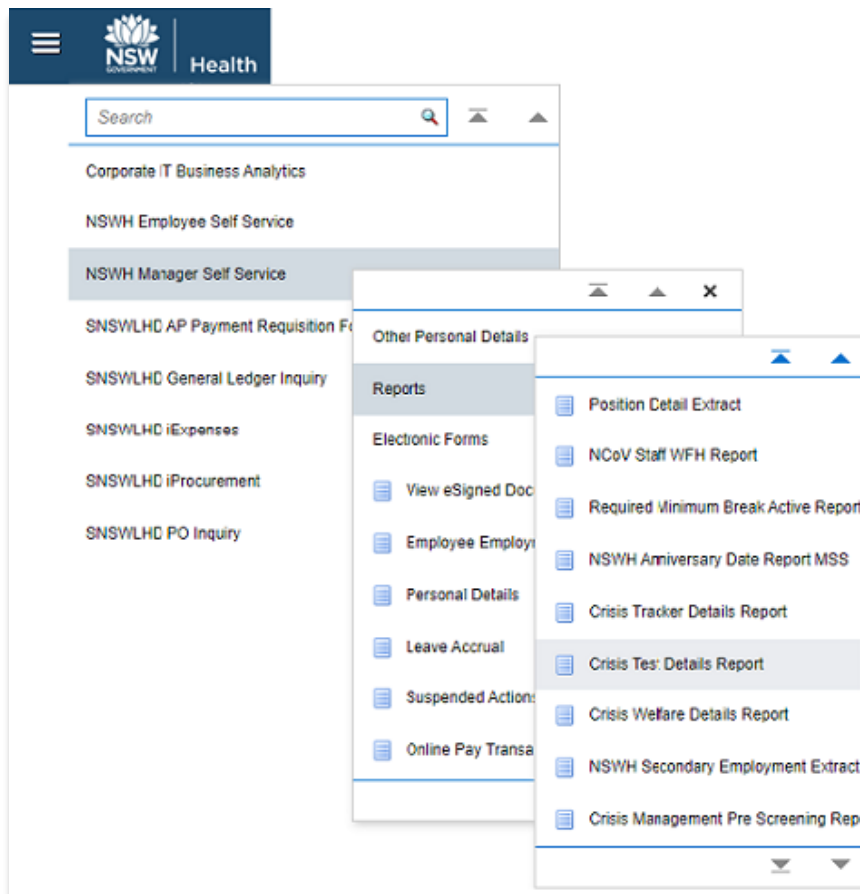
## Appendix 3: Manager Guide: Employee COVID-19 Rapid Antigen Test Results Report

This report is used to display employee's rapid antigen test results which have been entered into StaffTrakr.

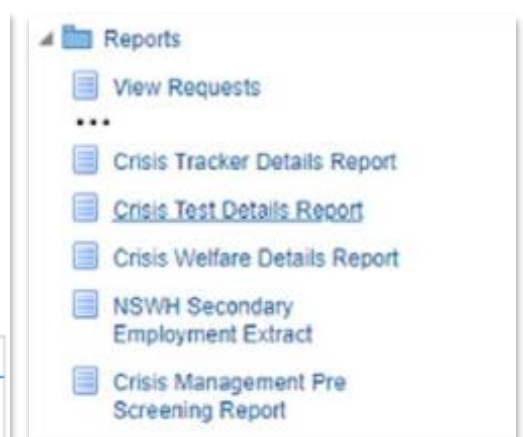
Please note: there can be a delay of up to 24 hours for results from StaffTrakr to display in StaffLink.

1. Open StaffLink
2. Click Crisis Test Details Report

### Default View:



### Framework Tree View:



3. Enter a name for the report in Request Name
4. Click parameters
5. Search for Crisis Action 'Rapid Antigen Test' using Search (LOV) Tool
6. Select Start and End Dates (if applicable)
7. Do not enter any other parameters
8. Click Continue
9. Review the Report Request
10. Click Submit
11. Report will display on the View Requests List
12. The Request Summary Table should be refreshed until the report is Completed
13. Report can be opened by clicking on the icon in the Output link

Acknowledgement: Northern Sydney Local Health District

## Appendix 4: Risk Assessment and Management Plans for Staff identified as COVID-19 Contacts

Exposure	Conventional Management	Significant Risk to Safe Service Delivery Management
Close Contact (i.e. household or 'household-like' contact)	<p><b>Isolate:</b> 7 days</p> <p><b>Test:</b> RAT day 2 and day 6 post exposure</p> <p><b>RTW:</b> following negative day 6 test result</p> <p><b>Risk Management Plan (days 8-14):</b></p> <ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• Surgical mask or N95/P2 respirator (as per <a href="#">CEC guidance</a>) to be worn at all times</li> <li>• Staff member to have breaks outside or in a designated area separate from shared tearooms</li> <li>• Staff member not to participate in gatherings in the workplace where masks are likely to be removed</li> <li>• Consider redeployment to a lower patient risk area</li> </ul>	<p><b>Isolate:</b> 5 days (may be reduced to 2 days in exceptional circumstances with General Manager approval)</p> <p><b>Test:</b> Daily RAT for 7 days post exposure Rapid PCR or RAT day 2 (48 hrs) post exposure (can work while result pending)</p> <p><b>RTW:</b> following senior manager risk assessment and approval</p> <p><b>Risk Management Plan (days 1-14):</b></p> <ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• Surgical mask or N95/P2 respirator (as per <a href="#">CEC guidance</a>) to be worn at all times</li> <li>• Consider redeployment to a lower patient risk area</li> <li>• Staff member to have breaks outside or in a designated area separate from shared tearooms</li> <li>• Staff member not to participate in gatherings in the workplace where masks are likely to be removed</li> <li>• Travel directly to and from work</li> </ul>
Staff exposure in NSW Health Care Facility - Low risk	Staff member is able to continue to work but must monitor for COVID-19 symptoms and if symptoms develop get tested immediately and self-isolate.	
Staff exposure in NSW Health Care Facility - Medium risk	<p><b>Test:</b> RAT day 2 (48 hrs) post exposure</p> <p><b>RTW:</b> able to continue to work</p> <p><b>Risk Management Plan (14 days):</b></p> <ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• Surgical mask or N95/P2 respirator (as per <a href="#">CEC guidance</a>) to be worn at all times</li> <li>• Consider redeployment to a lower patient risk area</li> <li>• Staff member to have breaks outside or in a designated area separate from shared tearooms</li> <li>• Staff member not to participate in gatherings in the workplace where masks are likely to be removed</li> </ul>	

Exposure	Conventional Management	Significant Risk to Safe Service Delivery Management
<p>Staff exposure in NSW Health Care Facility</p> <ul style="list-style-type: none"> <li>- High risk</li> </ul>	<p><b>Isolate:</b> 7 days</p> <p><b>Test:</b> RAT day 2 and day 6 post exposure</p> <p><b>RTW:</b> after day 7 if negative day 6 test result</p> <p><b>Risk Management Plan (days 8-14):</b></p> <ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• Surgical mask or N95/P2 respirator (as per <a href="#">CEC guidance</a>) to be worn at all times</li> <li>• Consider redeployment to a lower patient risk area</li> <li>• Staff member to have breaks outside or in a designated area separate from shared tearooms</li> <li>• Staff member not to participate in gatherings in the workplace where masks are likely to be removed</li> </ul>	<p><b>Isolate:</b> 5 days (may be reduced to 2 days in exceptional circumstances with General Manager approval)</p> <p><b>Test:</b> Daily RAT for 7 days post exposure Rapid PCR or RAT day 2 (48 hrs) post exposure (can work while result pending)</p> <p><b>RTW:</b> following senior manager risk assessment and approval</p> <p><b>Risk Management Plan (days 1-14):</b></p> <ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• Surgical mask or N95/P2 respirator (as per <a href="#">CEC guidance</a>) to be worn at all times</li> <li>• Consider redeployment to a lower patient risk area</li> <li>• Staff member to have breaks outside or in a designated area separate from shared tearooms</li> <li>• Staff member not to participate in gatherings in the workplace where masks are likely to be removed</li> </ul>
<p>Exposure in community (e.g. friend or family member at a social event)</p>	<p><b>Test:</b> daily RAT for 7 days post exposure</p> <p><b>RTW:</b> able to continue to work</p> <p><b>Risk Management Plan (14 days):</b></p> <ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• Surgical mask or N95/P2 respirator (as per <a href="#">CEC guidance</a>) to be worn at all times</li> <li>• Consider redeployment to a lower patient risk area</li> <li>• Staff member to have breaks outside or in a designated area separate from shared tearooms</li> <li>• Staff member not to participate in gatherings in the workplace where masks are likely to be removed</li> </ul>	
<p>All other exposures (including staff returning from overseas)</p>	<p><b>Test:</b> if symptoms develop, test immediately and self-isolate</p> <p><b>RTW:</b> able to continue to work</p> <p><b>Risk Management Plan (14 days):</b></p> <ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• Surgical mask or N95/P2 respirator (as per <a href="#">CEC guidance</a>) to be worn at all times</li> <li>• Consider redeployment to a lower patient risk area</li> <li>• Staff member to have breaks outside or in a designated area separate from shared tearooms</li> <li>• Staff member not to participate in gatherings in the workplace where masks are likely to be removed</li> </ul>	

**Appendix 5: Examples of community exposures**

Exposure	Risk of COVID-19	Management
I live with someone who has COVID-19	High	Close Contact – see section 2
<p>I spent a long time with someone who has COVID-19 (e.g. stayed overnight or spent an evening indoors at the house)</p> <p>Or</p> <p>I interacted closely with someone who has COVID-19 and we were not wearing masks (e.g. drove a long distance together, or looked after children who are now positive)</p>	High	Close Contact – see section 2
I spent some time with a person who has COVID-19 (e.g. we had dinner together or met at a pub, club or social function)	Moderate	Staff exposure in Community – see section 4
I have returned from overseas, or live with an international traveller	Low	Other exposures – see section 5
I had brief or distanced contact with a person with COVID-19 (e.g. I dropped off shopping or we went for a walk outdoors) or I received a case alert in the Service NSW App	Low	Monitor for symptoms and if symptoms develop get tested immediately and self-isolate