

Clinical Guideline



Health
Hunter New England
Local Health District

Management of COVID-19 exposure incidents and outbreaks in HNELHD facilities

Sites where PCP applies	All HNELHD facilities
Target audience	All staff.
Description	This document provides guidance on the assessment and management of COVID-19 exposure incidents and outbreaks within HNELHD healthcare facilities.

[Go to Guideline](#)

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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: <ul style="list-style-type: none"> • Management of Patient or Visitor COVID-19 Exposures in Healthcare Facilities • Healthcare Worker COVID-19 Exposure Risk Assessment Matrix 	
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GLOSSARY

Acronym or Term	Definition
Infectious period	Two days prior to onset of symptoms or prior to positive test results
Outbreak	An outbreak in the context of a healthcare facility is defined as one or more inpatients from the same ward/unit acquiring COVID-19 in hospital.
Senior Health Service Manager	General Manager or their delegate

PURPOSE AND RISKS

This document provides guidance on the assessment and management of COVID-19 exposure incidents and outbreaks within HNELHD healthcare facilities.

HNELHD takes the safety of staff, patient and visitors very seriously, and has developed the recommendations within this guideline according to current best guidance. HNELHD will continue to review emerging evidence and NSW Health requirements, and update guidance accordingly.

Risk Category: Workforce, Clinical Care and Patient Safety

1. Assessment of COVID-19 exposures in healthcare facility

Due to high levels of community exposure and the requirement for all staff to wear personal protective equipment (PPE) whilst at work, contact tracing of staff exposed to a COVID-19 positive staff member, patient or visitor will no longer be undertaken unless there are concerns of a PPE breach. HNELHD will continue to monitor the evolving situation and readjust contact tracing requirements accordingly.

1.1 COVID-19 positive staff

The COVID-19 positive staff member is required to:

- Immediately notify their manager of their COVID-19 positive result
- Inform workplace contacts that may have had a [medium or high risk exposure](#) e.g. colleagues who shared a tearoom. If a staff member is too unwell to notify workplace contacts, their manager is responsible for identifying and informing any potentially affected staff
- Notify their manager if there has been any known or suspected PPE breaches during their infectious period
- Inform all household and social contacts (as required by NSW Health)

The staff member's manager is responsible for completing contact tracing of patients and visitors potentially exposed using the [Exposure Risk Assessment register](#), and informing those identified as contacts of their isolation requirements (see section 2).

If there are concerns of a PPE breach where an exposure may have occurred, the manager is required to complete contact tracing of other staff members (see section 3).

1.2 COVID-19 positive patient or visitor

Patients who test positive to COVID-19 are to be notified to the ward/unit manager immediately.

The COVID-19 Exposure in Healthcare Facility Managers Checklist (appendix 1) provides managers with a stepped approach to completing all requirements of an exposure incident. The manager is responsible for completing contact tracing of other patients and visitors potentially exposed using the [Exposure Risk Assessment register](#), and informing those identified as contacts of their isolation requirements (see section 2).

If there are concerns of a PPE breach where an exposure of staff may have occurred, the manager is required to complete contact tracing of the affected staff members (see section 3).

2. Management of patient or visitor exposure in Healthcare facility

Patients and visitors identified as possible COVID-19 contacts are to be assessed using the [NSW Health Management of Patient or Visitor COVID-19 Exposures in Healthcare Facilities Risk Matrix](#) and actions based on risk classification taken to minimise the risk of further spread.

3. Management of staff exposure in healthcare facility

Staff who have had a potential exposure to COVID-19 in a healthcare facility are to be risk assessed using the [NSW Health Healthcare Worker COVID-19 Exposure Risk Assessment Matrix](#) in consultation with their manager to determine risk stratification and management plan.

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 member is able to continue to work. The COVID-19 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 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 are 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 kits. Staff are to report their RAT results into StaffTrakr on a daily basis <https://cmgmt.citic.health.nsw.gov.au/>. 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.

See appendix 5 for consolidation of management plans.

4. Management of outbreaks in healthcare facility (see also appendix 3)

If an outbreak on a ward or unit is identified (one or more inpatients from the same ward acquiring COVID-19 in hospital), the following steps are to be undertaken:

- Restrict access to the ward/unit to essential staff only (no visitors)
- Complete all components of Management of COVID-19 Outbreak in Healthcare Facility (appendix 3)
- In conjunction with local IPS, assemble a GANTT chart of cases and determine the index case, potentially exposed patients and staff.
- Risk assess patients using the [NSW Health Management of Patient or Visitor COVID-19 Exposures in Healthcare Facilities Risk Matrix](#) and staff using the [NSW Health Healthcare Worker COVID-19 Exposure Risk Assessment Matrix](#)
- Complete PCR screening of all potentially exposed patients (usually the whole ward)
 - Exposed patients to have a PCR test day 2 and RAT day 6 following exposure
 - All staff to have a RAT every 3 days
- Complete the [Exposure Risk Assessment register](#)
- Complete all components of the COVID-19 Exposure in Healthcare Facility Managers Checklist (appendix 1)

5. Management of patients identified as community contacts during inpatient admission

Patients who are identified as a COVID-19 close contact, or casual contact (from community exposure) during their hospital admission are to be managed with contact + droplet + airborne precautions in a single room and have a COVID-19 test when the contact status has been realised – usually by day 2 post exposure (see appendix 4).

Casual contacts who receive a negative test result are to be managed as COVID-19 negative and can be removed from isolation.

Close contacts are required to complete 7 days of isolation from time of exposure regardless of COVID-19 swab result, and are to be managed with contact + droplet + airborne precautions in isolation with repeat RAT testing on day 6 post 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.

13. Revision History

Version	Date	Changes
Version 2	28 January 2022	Updates to contact tracing requirements for staff in exposure in healthcare facility, section 1; updates to appendix 1 managers checklist; updates to appendix 4 management of COVID-19 contacts in inpatient settings; updates to appendix 5 management plans for staff exposures. Error corrected 31 January 2022 – isolation period for close contacts corrected to 7 days (section 5)
Version 1	10 January 2022	Original guideline.

Appendix 1 – COVID-19 Exposure in Healthcare Facility Managers Checklist

COVID-19 Exposure in Healthcare Facility Managers Checklist			
<p>Please work through the actions in this checklist.</p> <p>Actions are not necessarily sequential, and some actions can be completed simultaneously</p>			
Name of person completing this form		Date form completed	Click here to enter a date.
IMMEDIATE POSITIVE CASE MANAGEMENT			
Health Care Worker (HCW) Advice to self-isolate as per NSW Health guidance		Ward / Unit Manger	<input type="checkbox"/>
Patient Isolate and manage with contact + droplet + airborne precautions			<input type="checkbox"/>
Environment Ensure additional cleaning/decontamination of patient care areas, HCW areas (desks, chairs etc.), shared equipment (phones, keyboards, obs. machines etc.)			<input type="checkbox"/>
OPERATIONAL & LOGISTIC MANAGEMENT			
Escalate as per line management: <ul style="list-style-type: none"> In hours: to the Sector/Service General Manger After hours: Sector/Service Executive on Call 		Ward / Unit Manger	<input type="checkbox"/> <input type="checkbox"/>
Escalate to Infection Prevention Service (IPS) if high risk exposure: <ul style="list-style-type: none"> Dr. John Ferguson, Director on 0428 885 573, or Jeff Deane, Nurse Manger on 0423 296 486, or On-call Service 0477 339 193 		General Manger/Sector Executive on Call	<input type="checkbox"/>
Notify other facility operational managers: <ul style="list-style-type: none"> Patient Access and Flow Manager (Bed Manager) Staff Health and Wellbeing Service Manager (if HCW) HealthShare Manager Engineer / Maintenance Manager (as required) 		General Manager/Sector Executive on Call	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Review service continuity: <ul style="list-style-type: none"> Review services effected by bed-block or staff vacancies. Delegate as required to Director of Nursing/Midwifery, Director of Medical Services, Allied Health Managers and Support Service Managers to manage staffing levels 		General Manager/Executive on Call	<input type="checkbox"/> <input type="checkbox"/>
Complete incident reporting: All COVID-19 incidents must be reported in ims+. Refer to the ims+ intranet page under COVID-19 guides to notifying incidents		General Manager/Line Manger	<input type="checkbox"/>
Complete notifications if positive HCW: <ul style="list-style-type: none"> Contact the relevant local union nominee/s by phone to inform them of the exposure and continue to keep them up to date. If unsure of correct union contacts, contact local HR consultant or the Executive Director of Workforce <ul style="list-style-type: none"> Undertake welfare check on HCW's who are isolating at home Notify local Staff Health and Wellbeing nurse/delegate in hours - Manager/Wellbeing Nurse will contact HCW when next available Notify SafeWork NSW if a HCW contracts COVID-19 in the workplace 		Relevant local professional lead (e.g. DONM, DMS etc.) Line Manger and Staff Wellbeing Nurse Line Manger General Manager/WHs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

RISK ASSESSMENT AND EXPOSURE MANAGEMENT		
Complete the Exposure Risk Assessment register • List people who have come into ANY contact with the COVID-19 person in the 48 HOURS prior to developing symptoms. • Consider contacts of the COVID-19 positive person over the 5-7 days prior to diagnosis to assess whether there is a likely source of infection, including a patient or another HCW source.	Ward / Unit Manager in consultation with Local IPS and Staff Health & Wellbeing Nurse	<input type="checkbox"/>
HCW Risk Assessment • Apply the HCW COVID-19 Exposure Risk Assessment Matrix	Staff member in consultation with Ward / Unit Manger	<input type="checkbox"/>
Patient and Visitor Risk Assessment Apply the Patient / Visitor Exposure to COVID-19 case risk matrix Patients • Complete actions based on risk classification • Undertake open disclosure - utilise local IPS resources as appropriate On discharge: • Advise patient of required actions based on risk classification • IPS nurse to provide patient with IPS letter and COVID-19 information (if not previously given) Visitors • Advise visitor to complete actions based on risk classification • Provide links to NSW Health COVID-19 Internet Page Visitors who have left the facility will receive Service NSW notifications	Ward / Unit Manager in consultation with Local IPS	<input type="checkbox"/>
Provide a copy of the Exposure Risk Assessment register (as soon as possible after contacts have been identified) to: • IPS so details can be captured in ICNet and iPM alerts for close contacts and a copy saved to the IPS file drive • Staff Health to ensure the Staff Health database (SHIHNE) is completed	Ward / Unit Manager	<input type="checkbox"/>
Complete all actions assigned from any meetings related to the incident Update the COVID-19 Risk Assessment Register daily for 14 days. Consult with staff health and IPS as required If a contact returns a positive COVID-19 result commence a new Exposure Risk Assessment register and repeat the process for COVID-19 Exposure in Healthcare Facility Managers Checklist for the newly confirmed case	General Manager Ward / Unit manager Ward / Unit manager	<input type="checkbox"/>
Provide ISBAR brief to Operational Executive Director 20 days after the exposure.	General Manager	<input type="checkbox"/>

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 or RAT 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 _____

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

Management of COVID-19 Outbreak in Healthcare Facility

Immediately NUM / In-charge of ward	First 1-3 days NUM / Manager in consultation with IPS	Following days NUM / Manager in consultation with IPS
<p>Notify</p> <ul style="list-style-type: none"> Sector/Service General Manager or Sector/Service Executive on call Infection Prevention Service Bed Manager <p>Isolate</p> <ul style="list-style-type: none"> Restrict access to ward; only essential staff – display signage at entrance to ward Place positive patients in single rooms and if unavailable/capacity exceeded, cohort in a 'red zone' area of the ward Designate bathrooms All patients to wear surgical mask whenever possible especially when using bathroom or interacting with clinical staff Encourage patient hand hygiene Additional PPE requirements for staff to be determined in discussion with IPS Allocation and containment of staff to affected patients and/or affected areas Minimise utilisation of supplemental staff e.g. agency or casual staff Communicate with patient and families <p>Document</p> <ul style="list-style-type: none"> Record all positive and symptomatic cases (in consultation with IPS) Update Electronic Patient Journey Board (EPJB) <p>Collect</p> <ul style="list-style-type: none"> PCR for all symptomatic patients and staff 	<p>Notify</p> <ul style="list-style-type: none"> Other services e.g. pathology, HSS, pathology, blood collectors, food handlers Staff health and Wellbeing Service Manager HealthShare Manager <p>Isolate</p> <ul style="list-style-type: none"> Continue immediate isolation strategies Restrict staff access to tea rooms for food preparation. Staff to eat outside ward in designated areas or outside Consider need for mobile HEPA air filtration in multi-bed rooms and staff room in consultation with IPS Complete open disclosure (PD2014 028) Daily cleaning and disinfection of positive patients rooms and bathrooms Twice daily cleaning and disinfection of frequently touched surfaces and equipment Terminal clean of all rooms occupied by COVID-19 patients or staff <p>Document</p> <ul style="list-style-type: none"> Maintain case list in consultation with IPS Update Electronic Patient Journey Board (EPJB) <p>Collect</p> <ul style="list-style-type: none"> Determine if all or subset of patients require testing (in consultation with IPS) Day 2 PCR for all exposed patients RAT every 3 days for all staff 	<p>Notify</p> <ul style="list-style-type: none"> Continue to notify other services as required <p>Isolate</p> <ul style="list-style-type: none"> Continue isolation strategies Refer to individual patient COVID-19 results and de-isolate patients as per contact protocols Recommend patient vaccine boosters Encourage staff vaccine boosters All consumables remaining in the patients room to be discarded on discharge <p>Document</p> <ul style="list-style-type: none"> Continue documentation of all symptomatic cases on case list Update Electronic Patient Journey Board (EPJB) IPS to maintain outbreak records and summary to be tables at next local IPC committee meeting <p>Collect</p> <ul style="list-style-type: none"> Day 6 RAT for all exposed patients RAT every 3 days for all staff

Appendix 4

FACT SHEET

Issue date: 20 January 2022
 Issued by: Infection Prevention Service
 Authorised: Dr. J. Ferguson
 Expires: 20 January 2023



Management of COVID-19 contacts in Inpatient settings

Close Contact (high risk healthcare contact)

If your patient has been notified they are a close community or high risk healthcare contact:

- ☐ Confirm that the notification specifically meets close contact criteria
- ☐ Isolate in single room or cohort for at least 7 days (cease once day 6 RAT negative)
- ☐ Apply contact, droplet and airborne precautions (P2/N95 respirator, long-sleeved gown, safety eyewear and gloves)
- ☐ Provide copy of this advice as per [Information for people exposed to COVID-19](#)
- ☐ Arrange rapid antigen test (RAT) > 48 hrs after the last time of contact:
- If RAT positive, transfer to red zone and manage as per COVID-19 positive protocols
- If negative, continue to isolate in single room or cohort with airborne precautions for 7 days from exposure. Repeat RAT on day 6 and release from isolation if negative. Subsequent RATs whilst inpatient as per routine 72 hour surveillance.
Advise patient and staff to monitor signs and symptoms and if symptomatic re-test.

Casual contact (moderate risk healthcare contact)

If your patient has been notified they are a casual community contact or moderate risk healthcare contact:

- ☐ Isolate in single room or cohort until RAT negative status at 48 hours – avoid unnecessary transfers
- ☐ Apply contact, droplet and airborne precautions (P2/N95 respirator, long-sleeved gown, safety eyewear and gloves)
- ☐ Provide copy of this advice as per [Information for people exposed to COVID-19](#)
- ☐ Arrange RAT > 48 hrs after the last time of contact:
- If positive, transfer to red zone and manage as per COVID-19 positive protocols
- If 48 hr RAT negative, additional precautions may cease
Subsequent RATs whilst inpatient as per routine 72 hour surveillance.
Advise patient and staff to monitor signs and symptoms and if symptomatic re-test

NB: These requirements may change – for up-to-date guidance, consult:

- [Management of patient or visitor COVID-19 exposures in Healthcare facilities](#)
- [Information for people exposed to COVID-19 - Fact sheets \(nsw.gov.au\)](#)

Infection Prevention Service will apply the following initial iPM alerts:

- COVID Close contact / Airborne / cease 14 days
- COVID Casual contact / Airborne / cease 14 days

Appendix 5: Management Plans for Staff Exposures to COVID-19 in Healthcare Facility

Exposure	Conventional Management	Significant Risk to Safe Service Delivery Management
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	Test: RAT day 2 (48 hrs) post exposure RTW: able to continue to work Risk Management Plan (14 days): <ul style="list-style-type: none"> • Daily symptom monitoring • Surgical mask or N95/P2 respirator (as per CEC guidance) to be worn at all times • Consider redeployment 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 exposure in NSW Health Care Facility - High risk	Isolate: 7 days Test: RAT day 2 and day 6 post exposure RTW: after day 7 if negative day 6 test result Risk Management Plan (days 8-14): <ul style="list-style-type: none"> • Daily symptom monitoring • Surgical mask or N95/P2 respirator (as per CEC guidance) to be worn at all times • Consider redeployment 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 	Isolate: 5 days (may be reduced to 2 days in exceptional circumstances with General Manager approval) Test: Daily RAT for 7 days post exposure Rapid PCR or RAT day 2 (48 hrs) post exposure (can work while result pending) RTW: following senior manager risk assessment and approval Risk Management Plan (days 1-14): <ul style="list-style-type: none"> • Daily symptom monitoring • Surgical mask or N95/P2 respirator (as per CEC guidance) to be worn at all times • Consider redeployment 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