

- Case = Any confirmed positive case of COVID-19 (co-worker, patient, or other)
- NB: All exposure category decisions are based on a local risk assessment
- NB: The use of protective eyewear for contact tracing is applied for droplet precautions when within 1.5m of a positive case (where a mask is not being worn by the case). The absence of eyewear outside of this setting will not increase risk.

CONTACT TYPE – See page 2 for more detailed assessment of a breach

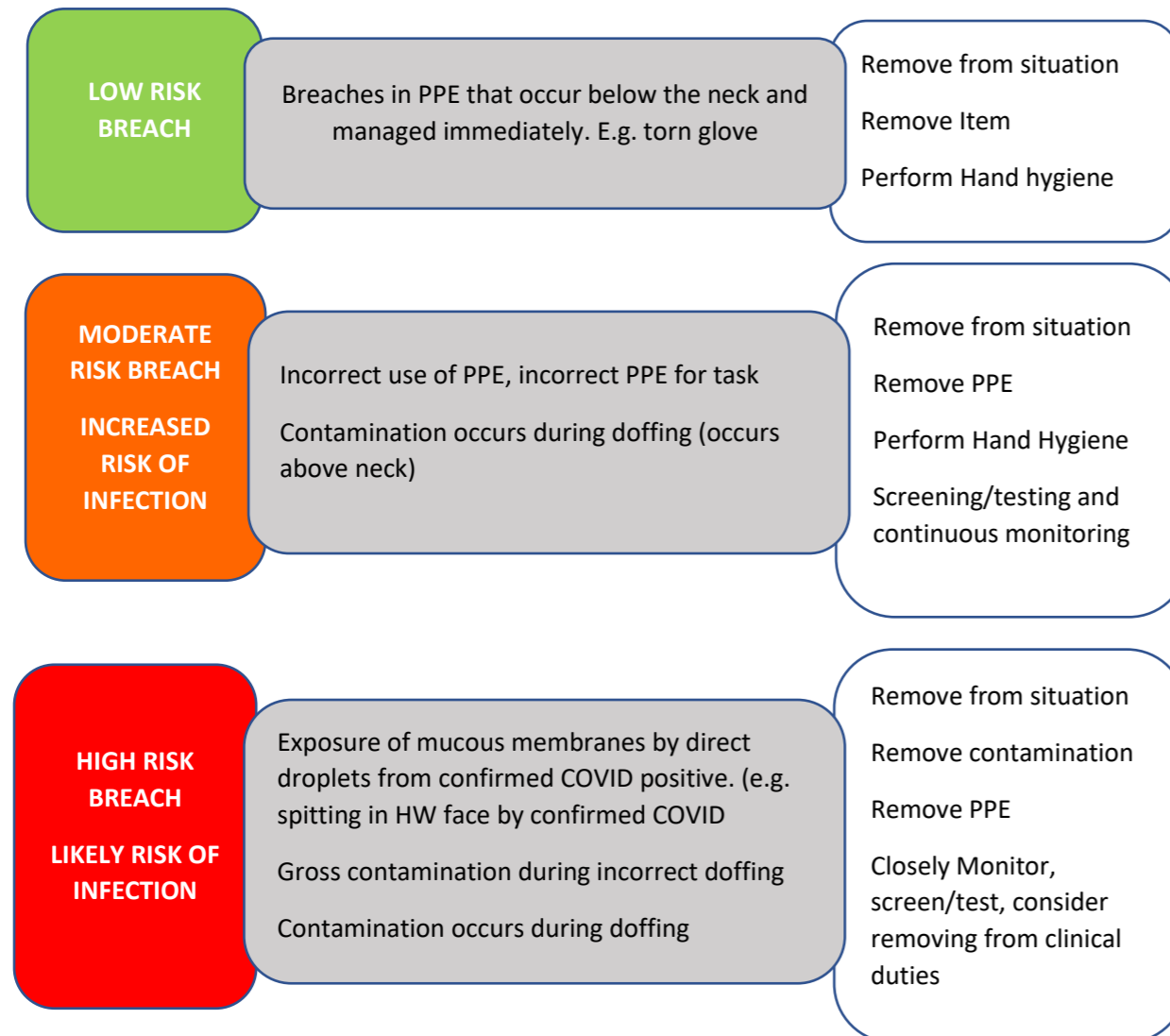
<p>Transient Contact – Low Risk Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact OR In general, less than 30 minutes in a closed space*</p> <p>*Note: always subject to local documented risk assessment, including assessments of occupational exposures and of the closed space</p>	<p>Medium Risk Scenarios 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</p>	<p>Highest Risk Scenarios 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 multiple COVID-19 cases/suspected cases/probable cases</p>
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PPE worn during contact between health care worker and case	1. No effective PPE worn by staff member or case 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 staff member 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 staff member i.e. no eye protection ➤ Case wearing surgical mask	Low to Moderate Risk	Low to Moderate Risk Depending on risk assessment	Moderate Risk Depending on risk assessment	High Risk
	4. Staff member in surgical mask and eye protection* with no 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 environmental contamination	Low Risk	Low to Moderate Risk	Low to Moderate Risk	High Risk
	5. Staff member in surgical mask and eye protection* with no concerns or breaches ➤ Case wearing surgical mask * See note in Category 4 box	Low Risk	Low to Moderate Risk	Moderate Risk No AGBS, no AGPs	High Risk Exposure to AGBS, AGPs
	6. Staff member in P2/N95 mask and eye protection* with no concerns or breaches ➤ Case either with or without PPE * See note in Category 4 box	Low Risk	Low Risk	Low Risk	Low Risk

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 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 72 hours Clearance test on day 12 Monitor for symptoms, test if symptomatic Wear a mask at all times on site including staff only spaces	HIGH RISK	Leave workplace immediately and isolate for 14 days from last exposure Initial test usually not earlier than day 2 post exposure Monitor for symptoms, test if symptomatic Retest day 12 (clearance test) Proof of negative day 12 test is needed to return to work
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*** PPE Breach Risk Assessment key principles.**

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

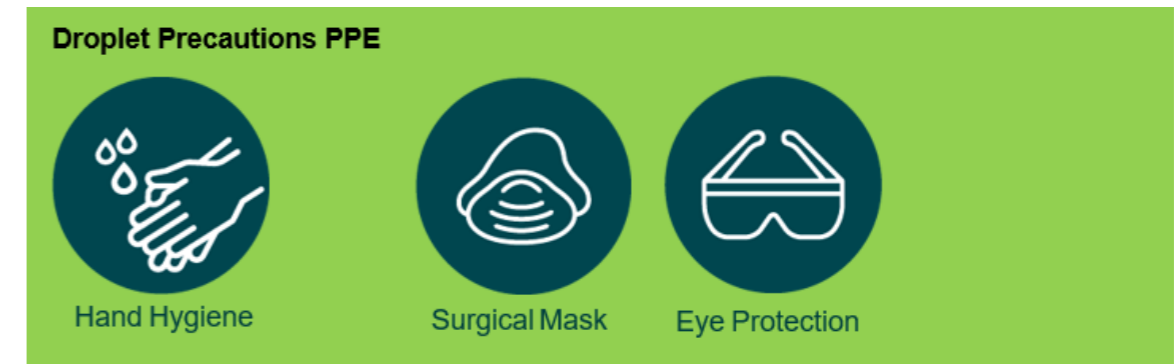


Adapted and modified from work developed by AUSMAT Quarantine management and operations compendium for the Howard Springs Quarantine Facility for the Repatriation of Australians at the Centre for National Resilience. National Critical Care and Trauma Response Centre. Darwin 2021.

- **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.

