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

<table>
<thead>
<tr>
<th>CONTACT TYPE</th>
<th>Transient Contact – Low Risk</th>
<th>Medium Risk Scenarios</th>
<th>Highest Risk Scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact</td>
<td>Any face-to-face contact within 1.5 metres and less than 15 minutes</td>
<td>Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td>In general, greater than 30 mins in a closed space</td>
<td>OR</td>
<td>Aerosol generating behaviours (AGBs e.g. coughing)</td>
</tr>
<tr>
<td>OR</td>
<td>Based on agreed documented risk assessment including assessments of occupational exposures and of the physical environment</td>
<td>OR</td>
<td>Aerosol generating procedures (AGPs)</td>
</tr>
</tbody>
</table>

### Low Risk
- No effective PPE worn by staff member or case e.g. no PPE or PPE with major breaches such as mask below nose
- Surgical mask only worn by staff member i.e. no eye protection ➢ Case no PPE
- Surgical mask only worn by staff member ➢ Case wearing surgical mask
- Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case no PPE
- Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case wearing surgical mask
- Staff member in P2/N95 mask and eye protection* with no concerns or breaches ➢ Case either with or without PPE

### Moderate Risk
- Continue to work
- HCW alert to mild symptoms
- Test (RAT or PCR) if symptomatic

### High Risk
- Do not attend the workplace for 7 days post exposure.
- If significant risk to safe service delivery, senior manager to review. May return without symptoms as well as a minimum: Daily RAT for 7 days after exposure; OR PCR test on day 2 & 6 after exposure (where feasible).
- For 14 days after exposure, also consider:
  - Redeploying to lower patient risk area if possible
  - Mask wearing at all times - surgical or N95 as per CEC guidance
  - Do not enter shared spaces such as tearooms and do not participate in any staff gatherings
  - Careful monitoring for symptoms

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- **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.
- Health agencies are to ensure that appropriate space is provided for staff to observe break entitlements in accordance with Award provisions

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- **PPE worn during contact between health 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
  - 2. Surgical mask only worn by staff member i.e. no eye protection ➢ Case no PPE
  - 3. Surgical mask only worn by staff member ➢ Case wearing surgical mask
  - 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
  - 5. Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case wearing surgical mask
  - * See note in Category 4 box
  - 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

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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.

**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**
- 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**
- 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

- **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.

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.