COVID-19 risk assessment approach for household and close contacts who are health practitioners in non-hospital settings

This guideline has been developed to provide principal health practitioners (‘principals’) and employers of health practitioners in non-hospital settings a framework to assess and manage the risks of COVID-19 transmission where health practitioners are returning to work as a household or close contact. Household or close contacts are required to comply with the NSW Health Household and Close Contact Guidelines.

It may be appropriate for health practitioners who are household or close contacts to attend the workplace if they have no symptoms of COVID-19 and:

a) they provide critical services to patients (i.e. those services which, if not provided for a period of 7 days, would likely lead to the deterioration in a patient’s health), and

b) their absence from the workplace poses a high risk of disruption to critical services or activities; and

c) they are unable to work from home.

It is recommended that where a health practitioner is returning to work in a non-hospital setting as a household or close contact, a workplace risk assessment is undertaken by the principal/employer and the principal/employer takes appropriate steps to manage identified risks before the health practitioner attends the workplace. These steps should be in accordance with the NSW Health Household and Close Contact Guidelines.

Note: Registered health practitioners who work for NSW Health should refer to Managing healthcare worker exposures for additional information.

There is a high likelihood that individuals who are household contacts will develop COVID-19 in the first 7 days following exposure, particularly in households where the case cannot isolate effectively from others. This risk continues for up to 14 days from the time of last exposure. Therefore, additional steps are required where workers return to the workplace to manage the risks of COVID-19 transmission in non-hospital health settings for workers and patients under both the Work Health and Safety Act 2011 (NSW) and professional duty of care obligations.

Any health practitioner who develops COVID-19 symptoms should have a PCR test immediately and not return to the workplace until they return a negative result and their symptoms have resolved.

Health practitioner returning to work risk assessment

The purpose of a risk assessment is to review the workplace activities that the individual health practitioner undertakes, the workplace environment, and the vulnerability of patients and co-workers the health practitioner interacts with, in order to identify and implement specific risk management strategies to reduce the risk of COVID-19 transmission.

Criticality of the health practitioner’s face-to-face workplace activities is of paramount importance. Consideration should be given to whether physical absence from the workplace poses a high risk to the delivery of critical services or activities which, in turn would pose a high risk to patient outcomes in the next 7 days.

Wherever practicable, alternative options to physical attendance in the workplace should be explored for a minimum of 7 days following exposure (noting that the risk extends to 14 days). Consider contingency planning to maintain core services ahead of time. This can include alternative arrangements for clinical cover by
practice colleagues, plans for medicine supply/prescription delivery or locum arrangements, or delivery of critical services through telehealth appointments.

For 14 days after exposure, additional precautions should be put in place for any staff member required to return to face-to-face work, to further reduce the risk of COVID-19 transmission to staff, patients and clients.

<table>
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<tr>
<th>Risk considerations</th>
<th>Example management options</th>
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| Specific activities/responsibilities of the health practitioner, for example:  
- administrative tasks  
- onsite clinical care  
- home/residential facility visits  
- direct supervision of other staff  
- legal requirements for service to operate | For at least 7 days and up to 14 days:  
- Work from home where possible  
- Postpone clinical services where this is practical and safe to do so  
- Re-arrange clinical appointments to minimise the time spent onsite, for example cluster appointments together on a particular day during isolation  
- Avoid attending high risk settings, such as aged care, disability care and correctional facilities. Where this is unavoidable follow the relevant requirements of the facility  
- Avoid providing home visits or outreach services where possible  
- When attending work to provide critical services, ensure additional risk mitigation measures are in place, as outlined in this document  
- Inform patients and clients of the risk and obtain consent to proceed with services where appropriate risk mitigation measures cannot be reliably implemented |
| Health practitioner interacts with patients who are at higher risk of severe COVID-19 illness including:  
- people aged 60 years and older  
- pregnant women  
- Aboriginal, Torres Strait Islander and Pacific Islander people (aged 35 years and over)  
- people with obesity, diabetes, serious cardiovascular disease, chronic lung disease (including severe asthma requiring hospitalisation in last 12 months), severe chronic liver or kidney disease, active cancer or who are immunocompromised  
- some people with a disability including those with a disability that affects their lungs, heart or immune system  
- residents of aged care and disability care facilities  
- people aged 18 years and older who are not vaccinated for COVID-19 | Consider the criticality of the care provided against the risk profile of patients they care for  
Consider postponing appointments for at least 7 days and up to 14 days where patients are at particularly high risk of severe COVID-19 illness or where risk mitigation measures are unable to be reliably implemented, and this can be safely done.  
Consider engaging an alternative provider to provide the service |
| Other workers are identified to be at higher risk of severe COVID-19 illness (as outlined above) | Interaction between staff at higher risk of severe disease and the health practitioners who are household contacts returning to work should be limited as much as possible  
Plans to manage individuals at higher risk of severe disease should be regularly reviewed by the principal/employer with the staff member to ensure staff work health and safety requirements are met |
| Level of personal protective equipment required | • Principals/employers should have policies in place to encourage up to date COVID-19 and influenza vaccination for all staff |
| • Health practitioners who are household or close contacts should wear P2/N95 masks and other appropriate PPE for 7-14 days, including at all times while interacting with patients, clients and staff on the premises |
| • Ensure all other staff wear a surgical mask whilst indoors |
| • Ensure all staff are up-to-date with education and training, including donning and doffing PPE where appropriate |
| • Ensure all patients and clients entering the premises are wearing a face mask and display signage to encourage appropriate. Note there should be considerations for children and people with relevant medical conditions. |
| Integrity of general and COVID-19 specific infection prevention and control measures | • Review workplace infection prevention and control measures in accordance relevant with best practice guidance, for example the Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual |
| Testing for COVID-19 | • Staff who are household or close contacts should have an initial negative PCR test before returning to work. A PCR test taken 6 days after exposure is also recommended where feasible. |
| • Regular rapid antigen testing (RAT) prior to work is recommended for at least 7 days (a frequency of daily is recommended during this time) and up to 14 days, depending on the risk of the patient cohort/activities undertaken. |
| • Health practitioners who develop COVID-19 symptoms should have a PCR test immediately and not return to the workplace until they receive a negative result and their symptoms have resolved |
| Protocols in place to rapidly identify potential transmission within the setting | • Ensure any staff with COVID-19 symptoms are immediately excluded from work (including mid-shift), get tested and isolate until they receive a negative result and their symptoms have resolved. Testing should be via PCR. |
| • Ensure staff providing clinical services are familiar with the elements of COVID-19 Healthcare Practices in the Community – Risk Assessment Matrix to support an awareness of assessing risk when exposure is suspected to have caused transmission |
| Ability to maintain 1.5 metres physical distancing from other staff and patients/clients | • Encourage physical distancing of 1.5 metres where possible, for example through floor markings and barriers to create space at counters, seated areas, etc |
| • Postpone or re-direct non-critical clinical services requiring interaction within 1.5 metres where feasible, for example walk-in vaccination services |
| • Avoid sharing vehicles between health practitioners who are household contacts and other staff, patients or clients |
| Ability to minimise interaction with other staff | • Minimise congregation in staff and other areas to reduce workforce impacts in the event that a staff member is infectious while at work |
| **Ability to use well-ventilated or outdoor areas** | • Prevent staff who are household contacts from interacting with other staff in tea rooms or other indoor shared break areas, particularly where they may need to remove their mask (e.g. while eating). Alternative options may include rostered break times or directing staff to take breaks outside.  
• Use virtual or phone technology where practicable |
| **Integrity and currency of other COVID-safe measures** | • Consider workplace setting. For example, small consultation rooms or staff rooms with inadequate ventilation pose a higher risk than a large, well-ventilated area  
• Review COVID-safe measures regularly and ensure all staff adhere to basic COVID-safe measures, including hand and respiratory hygiene, physical distancing, mask use, ventilation, cleaning and disinfection guidance |

Refer to Clinical Excellence Commission (CEC) COVID-19 Infection Prevention and Control Manual Chapter 2: Infection prevention and control strategies for COVID-19 for baseline precautions in relation to physical distancing and use of shared space (Section 2.6.2) and respiratory hygiene and cough etiquette (2.6.3).