ACT Government | Canberra Health Services

Management of a COVID-19 Exposure in a Canberra Health Services Health Care Facility

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Purpose

To establish the roles, responsibilities and processes to be followed when managing a COVID-19 exposure in a Canberra Health Services (CHS) Health Care Facility (HCF).

Scope

This document applies to all CHS Health Care Workers (HCW) involved in the management of a COVID-19 exposure in a CHS HCF.

Due to the rapidly evolving nature of the pandemic situation and response, this document is fluid and may change regularly. **This document is uncontrolled once printed**.

Roles and Responsibilities

Service / Team	Responsibility
COVID-19 Response Team, Public Health Unit (Public Health Emergency Coordination Centre)	• Receive initial notification. • Conduct initial case interview. In the case of a positive Health Care Worker (HCW), complete the COVID-19 positive health care worker questionnaire, where practicable. Forward completed questionnaire to CHECC Liaison via email at CHECC@act.gov.au. • Notify Clinical Health Emergency Coordination Centre (CHECC). • Manage contact tracing of contacts in the general community. Advise testing and quarantine requirements.
Clinical Health Emergency Coordination Centre Liaison Officer	• Verbally notify COVID E-Team or Afterhours Manager (AH) • Track volumes and trends and report to CHECC.
Canberra Health Services COVID E-Team	• Initiate public health response in accordance with COVID-19 guidelines and ACT Health advice. • Lead investigation team. • Oversee and coordinate response. • Report to relevant ACT Public Health (ACTPH) contact. • Co-ordinate lists of exposed HCW and patients and provide to IPCU via email at CHSIPCU@act.gov.au and the Public Health Unit (PHU).
IPCU	• Responsible for notifying HCW contacts and managing testing requirements for staff and inpatients.

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Definitions and Acronyms

Acronym	Term
ABHR	Alcohol Based Hand Rub
ACTPH	ACT Public Health
ACTPS	ACT Public Service
ACTSLO	ACT Health COVID-19 Site Liaison Officer
AH	After Hours
BH	Business Hours
CELG	COVID-19 Executive Leadership Group
CHS	Canberra Health Services
CHECC	Clinical Health Emergency Coordination Centre
COVID E-Team	A team established to assist in the coordination of exposure management and exemptions as part of the CHS COVID response.
ED	Executive Director
ID	Infectious Diseases
IHSS	Infrastructure and Health Support Services
IMT	Investigation Management Team
IPC	Infection Prevention and Control
IPCU	Infection Prevention and Control Unit
OMT	Outbreak Management Team
P & C	People and Culture
PF	Patient Flow
PHU	Public Health Unit
PPE	Personal Protective Equipment
SPOCC	Single Point of Contact for COVID-19 (Infectious Diseases Consultant on roster, contactable via the CHS Switchboard on **(02) 5124 0000**). Single Point of Contact for Public Health Ph: **0409 185 412**.
UCH	University of Canberra Hospital

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WHS	Work Health and Safety
Term	**Definition**
HCF	Any CHS health facility including hospital, community-based and office-based locations.
HCW	All paid and unpaid persons serving in health care settings who routinely enter or work in clinical areas or work with used medical supplies, devices, equipment and clinical waste.
Patient	The terms patient/client/consumer are often used interchangeably and depend on the nature of the health care service. For ease of reading all consumers of health care will be referred to as patients.
REDcap	ACT Public Health database

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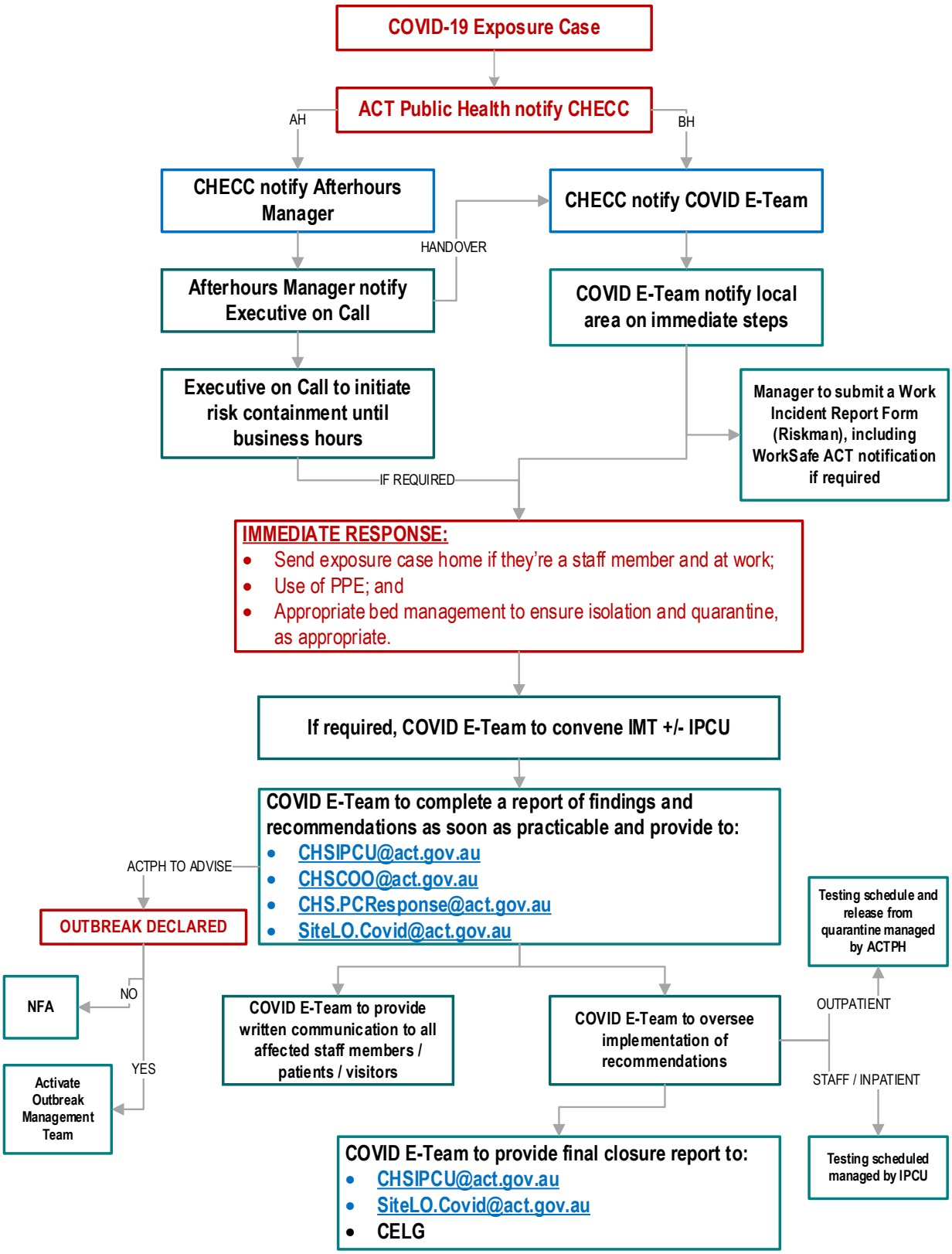
Procedure

Upon receipt of a notification of a case from ACTPH / CHECC Liaison, the COVID E-Team will initiate a case investigation.



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Notification and Containment

An exposure will be notified by ACTPH through the CHECC Liaison Officer role. On occasion the HCW may inform their manager before ACTPH have informed CHECC. A notification from any source will initiate a response from the COVID E-Team.

During business hours, the notification should be directed immediately to the COVDI E-Team who will advise the local area on immediate steps. Afterhours the notification should go to the Afterhours Manager who will notify the Executive on Call and initiate risk containment.

Afterhours risk containment is the only action which needs to be initiated. There is no need to commence a detailed investigation overnight. The COVID E-Team will operate seven days a week during outbreaks.

The immediate response should ensure safety of staff and patients. This shall include sending the case home if they are a staff member and at work, use of Personal Protective Equipment (PPE) and appropriate bed management to ensure isolation and quarantine, as appropriate.

CHS Investigation Management Team

If the exposure involves multiple areas, is a moderate to high risk to patients, public or staff and multiple persons are involved an Investigation Management Team (IMT) will need to be established to assist in the rapid investigation, risk assessment, risk containment and ongoing management.

An IMT will be stood up on the request of the COVID E-Team after an initial assessment of the extent of exposure.

IMT Membership	

CHS Health Care Facility	• COVID E-Team
	• Senior Medical Officer, CHS
	  ○ ID Consultant on call (AH)
	  ○ IPCU Clinical Lead (BH)
	• Infection Control Nursing Lead
	• Communications, CHS
	• Security, CHS
	Note: not all members may be required for all investigations.

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ACT Public Health	• ACT Public Health Medical Officer, via **0409 185 412** • Senior Outbreak Response Officer, Site Liaison SiteLO.Covid@act.gov.au
Others	• Other members may be appointed as required.

**Note: in smaller facilities, multiple roles may be held by the same individual.*

The COVID E-Team will initiate a preliminary investigation to inform decision making. Information collected will include:

- Identifying data
- Review COVID-19 Positive Health Care Worker Questionnaire (in the unlikely event that this hasn't been completed by ACTPH, obtain template from notification officer) *
- Shifts worked*
- Area(s) worked*
- PPE worn
- Length of time of exposure
- Vaccination status
- Area(s) visited (e.g., staff tearoom)
- Patient movements (e.g., X-ray)
- Visitors / contractors exposed

**Staff and Contractors only.*

According to the information collected the team will utilise the Risk Matrix for Health Care Worker Exposure as per current CHECC Advice (Attachment A) to:

- Identify the extent of exposure, including staff, patients, and visitors.
- Determine the risk of transmission to others – i.e., consider compliance with PPE requirements, vaccination status, variation from infection prevention and control best practices and guidelines etc.

From the preliminary investigations, the COVID E-TEAM will complete a report of findings and provide to the following:

- CHS Infection Prevention and Control Unit (IPCU) via email at CHSIPCU@act.gov.au
- CHS Chief Operating Officer via email at CHSCOO@act.gov.au; and
- CHS People and Culture (P & C) via email at CHS.PCResponse@act.gov.au.

If an IMT has been established, the COVID E-Team will coordinate a meeting to determine extent of risk and actions required. If an IMT has not been established the COVID E-Team

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will negotiate with the unit managers and relevant EDs regarding the outcome of the investigations and actions required of the area.

The COVID-19 Exposure in a Health Care Facility Interim Investigation Report template (Attachment B) should be completed as soon as practicable of notification if there is the potential for declaration of an outbreak in a HCF – refer to the *COVID-19 High-Risk Settings Outbreak Management Plan* (the OMP) that outlines the rapid assessment, coordination and ACTPH response to a COVID-19 outbreak in a high-risk setting.

Exposure Management

Once exposure has been confirmed, the following actions need to be implemented as appropriate. The COVID E-Team will work with unit managers to ensure consistent implementation and will manage the reporting process. Actions may include (refer to Outbreak management as many actions will be the same):

- Deep clean of any affected area
- Notification to impacted staff, patients and families (see template letters/emails) and ongoing communications as required
- Testing regime implemented as IPC or PH instructions
- Tracking of incident management
- Reporting to CELG, including a closure report once the exposure cycle has finished

Notification of Risk and Work Health and Safety

Riskman

In the case of a staff being exposed to COVID-19 in the workplace, whether it results in infection or not, the near miss or actual incident must be reported via the Work Incident Report Form (Riskman) by the relevant area Manager.

COVID-19 specific information relating to Riskman reporting is available at Work Health, Safety and Wellbeing - Managing WHS incidents during COVID-19 (sharepoint.com).

Cases of exposure to COVID-19 in the workplace or a result of ACT Public Service (ACTPS) work that result in **hospitalisation** also need to be reported to **WorkSafe ACT**.

P & C or a Work Health Safety (WHS) representative are available to support this notification. WHS will notify IPCU of the incident through an automated alert, with the current aim to process all incidents within 24 hours.

Additionally, WHS will:

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- Identify as a priority any staff incidents relating to potential COVID-19 exposure and send a copy of this incident report to CHSIPCU@act.gov.au with the contact details including the manager's name and ED (if known)

- Phone the IPCU number on **(02) 5124 5848** to notify of any serious / high risk potential exposure incidents

- Send a weekly summary of all incidents related to potential COVID-19 exposure to the CHSIPICU@act.gov.au inbox.

All cases of exposure or potential exposure that are **not work related do not need** a work incident report form or reporting to WorkSafe ACT. These cases should still be reported to a line manager or supervisor to manage any workload impacts and provide work-related support.

Outbreak Implementation / Actions

1. Confirm and declare an outbreak

It is the decision of the Chief Health Officer, Deputy Chief Health Officer, or delegate to declare an outbreak in a HCF and to stand up an Outbreak Management Team (OMT).

For more information, refer to the OMP.

Examples of situations in a HCF which would **not be declared** are:

- A case diagnosed in a hospital inpatient who has been appropriately isolated from other patients and with whom staff have used appropriate PPE throughout the case's infectious period.
- A case diagnosed in a person who is a staff member of a hospital but who has not worked in the hospital setting during their exposure period or infectious period.

Examples of situations in which a hospital outbreak **may be declared** include:

- A single case in a hospital setting, where there has been unprotected exposure of staff and/or patients to the case, during the case's infectious period.
- Two or more linked cases in a hospital setting, where it is determined that at least one individual may have acquired their case within the hospital setting.

Refer to the CDNA COVID-19 National Guidelines for Public Health Units for information on case definitions for confirmed, probable, or suspected cases of COVID-19: *CDNA National Guidelines for Public Health Units: Coronavirus Disease 2019.*

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Outbreak Management Team

If the Chief Health Officer or delegate declares an outbreak, the OMT will be formed.

For information on the OMT membership, refer to the *ACT Health Protocol for Managing COVID-19 Outbreaks in Hospitals.*

2. Define the setting

The COVID E-Team to determine the context and parameters of the notification to define the section(s) of the HCF impacted. However, erring on the side of caution in the early stage, a broad definition of the setting should be used where possible. This can be scaled back after further investigation and/or testing.

The decision to define the whole facility versus part of the facility as the outbreak setting should consider movement of staff or patients to other areas (e.g., other wards, floor levels and/or communal facilities), and the potential for cases to have spread to the wider community (e.g., through visitors).

3. Notify relevant internal and external stakeholders

Following initial notification, if the incident is deemed an outbreak by ACTPH, an updated Daily Situation Report (Attachment C) should be distributed to all internal and external stakeholders.

4. Implement Outbreak Management Plan

Refer to the OMP.

5. Ensure early communication to notify all relevant staff, patients and visitors that a case of COVID-19 has occurred in the facility

The COVID E-Team is responsible for ensuring communication is circulated to all affected staff members within four hours of the initial notification using the CHS COVID-19 Exposure Communication Template (Attachment D).

Messaging should be clear, plain English, concise and transparent, including:

- Number of cases
- Area(s) affected
- Immediate risk mitigation strategies implemented (including the implementation of the OMP, the implications and how it will impact staff, patients and visitors)

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- What staff can expect (e.g., need for testing, need for self-quarantine or isolation)
- Reassurance of staff/patients/visitors not impacted.

**Note: depending on the type of HCF it may be necessary to identify all groups located in the building, including tenants external to ACT Health.*

If there are multiple touchpoints within CHS, the IMT Executive Lead is responsible for coordinating the actions within other divisions.

6. Identify additional cases and active case finding

Consider arranging diagnostic testing for COVID-19 for all members of the impacted setting. When an index case of COVID-19 is identified who is likely to have acquired their infection within the HCF it is possible that there are already other transmission chains within the facility. Testing widely may help identify asymptomatic cases. However, not every outbreak will require testing for COVID-19 for all members of the setting. Communication with the SPOCC and ACTPH Medical Officer should occur.

7. Ensure a deep clean of the affected area(s)

For cleaning services at Canberra Hospital and other CHS facilities, notify ISS Facilities Services via email at ACTHealthISSSupport@act.gov.au or by telephone on **(02) 5124 2598** as soon as practicably for coordination by the ISS team.

For cleaning services at the University of Canberra Hospital (UCH), notify BGIS via email ucph.helpdesk@apac.bgis.com or via telephone on **(02) 5124 7000**.

Until cleaning can be undertaken, areas should be declared red and green zones, with action taken to ensure all staff are aware (See Clinical Area Zones, and Cleaning and Waste Management, Pp35-40 in the CHS COVID-19 Clinical Operations Manual 2020).

8. Contact tracing and management

Refer to the CDNA National Guidelines for Public Health Units for contact management guidelines: *CDNA National Guidelines for Public Health Units: Coronavirus Disease 2019.*

Contact tracing of case movements outside the hospital will be undertaken by the contact tracing team within ACTPH, which may include discussion with members of the treating team where the case cannot communicate adequately. If the case has spent the whole potential exposure period within the hospital, IPCU will identify case movements and interactions with support from ACTPH as required.

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9. Consider bed / unit management for inpatient cases and contacts

Discuss with the SPOCC and Patient Flow (PF) the appropriate location within facilities for care of inpatient cases and contacts.

10. Isolate and treat inpatients(s) who test positive

For inpatients place an alert on Clinical Portal and reflected on the Patient Journey Board. These alerts are auto generated and consist of the fields: quarantine; confirmed; suspect Covid; and precautionary procedure.

11. Healthcare workers who are cases or contacts will quarantine in line with ACT Public Health advice.

IPCU will be responsible for notifying HCW contacts. ACTPH will be responsible for ongoing information regarding testing and release from quarantine. Staff may also receive support from the CHS P & C advice line (7am-7pm, seven days a week) on **(02) 5124 9610** or via email at CHS.PCResponse@act.gov.au.

12. Organise appropriate testing of inpatient contacts.

Refer to ACTPH / IPCU advice.

13. Collate information

Information is collated at Attachment B during the initial investigation. Following the initial investigation, CHECC will regularly update ACTPH on changes within the HCF via site liaison SiteLO.Covid@act.gov.au.

IPCU will maintain a central database for identified contacts and forward to ACT Health COVID-19 Site Liaison SiteLO.Covid@act.gov.au, as required.

In the case that an outbreak is not declared the situation will be de-escalated and managed as an exposure location. Many of the above steps will still need to be considered and can be referred to as guidance.

14. Reporting

The COVID-19 Exposure in a Health Care Facility Interim Investigation Report (Attachment B) must be used in conjunction with updated Daily Situation Reports (Attachment C) during the Outbreak.

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Daily Situation Reports should be forwarded to CHECC@act.gov.au and CHSIPCU@act.gov.au and may also be used to improve the Guideline processes as the situation evolves.

A final report (Attachment E) should identify any gaps in policies, procedures or practices in relation to infection prevention and control, and recommendations which may improve the Outbreak response processes.

Records Management

All records will be managed in accordance with the *Health Records (Privacy and Access) Act 1997*, *Territory Records Act 2002* and CHS policy and procedures.

Evaluation

This Guideline is fluid and should continue to evolve as pandemic response, epidemiological findings and public health advice change. Feedback can be provided, and will be collated and reviewed, via the generic inbox NMPSS@act.gov.au

References and Related Documents

Legislation

- *Public Health Act 1997*
- *Public Health (Emergencies) Amendment Act 2020*
- *Health Records (Privacy and Access) Act 1997*
- *Territory Records Act 2002*
- *Work Health and Safety Act 2011*

Supporting Documents

- ACT Health, *COVID-19 Positive Health Care Worker Questionnaire, 2020.*
- ACT Health. *Protocol for Managing COVID 10 Outbreaks in Hospitals,* (draft 2020)
- ACT Health (draft/unpublished). *Quick Reference Guide CHECC site exposure or outbreak*, 2021.
- ACT Government, Canberra Health Services. *Covid-19 Clinical Operations Manual*, 2019. Retrieved on 2/9/2021 from Covid-19 Clinical Operations Manual, 2019

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- Calvary Public Hospital. *COVID-19 Outbreak Investigation and Management Policy* (draft 2021)
- Canberra Health Services Clinical Procedure- *Infection Prevention and Control – Healthcare Associated Infections*, 2017
- Canberra Health Services Clinical Procedure – *Influenza and Respiratory Illnesses Management – Adults and Children*, 2018.
- Clinical Excellence Commission, 2021, *COVID-19 Infection Prevention and Control Manual for acute and non-acute healthcare settings*, Sydney, Australia: Clinical Excellence Commission. Retrieved on 27/8/2021 from COVID-19 Infection Prevention and Control Manual (Version 1.5) (nsw.gov.au).
- Australian Government Infection Control Expert Group (ICEG). *Be Covid Safe – Information about cleaning and disinfection for health and residential care facilities*, 2020. Retrieved 3/9/2021 from Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities | Australian Government Department of Health.
- Australian Government Infection Control Expert Group (ICEG). *Be Covid Safe – Guidance and Infection Control for residential care facilities in the context of Covid 19*, 2021. Retrieved on 3/9/2021 from ICEG guidance on infection prevention and control for residential care facilities (health.gov.au)
- Australian Government. Communicable Diseases Network Australia (CDNA), 2019. *National Guidelines for Public Health Units* – Coronavirus Disease 2019 (COVID-19). Retrieved 29/8/2021 from Department of Health | Coronavirus Disease 2019 (COVID-19).

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Version Control

Version	Date	Comments
0.1	03/09/2021	Initial DRAFT to Karen Grace for comment
0.2	07/09/2021	Second DRAFT to key contacts for comment
0.3	09/09/2021	Final DRAFT
0.4	14/09/2021	Final DRAFT provided to CELG for comment

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Attachment A: CHECC Advice No. 83

Risk Matrix for Health Worker Exposure to a Confirmed Case (staff member therefore Close Contact)

		CONTACT TYPE				
	NB: All exposure category decisions are based on a local risk assessment*. Infection Prevention and Control (IPC) input required **Case = confirmed positive case in a patient, staff member or other** **Given current evidence, the risk assessment remains unchanged regardless of vaccination status**	**No Contact**	**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 *Note: always subject to local documented risk assessment, including assessments of occupational exposures and of the closed space	**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	**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.
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**	**Low Risk**	**Moderate Risk** (Depending on risk assessment) OR **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 Risk**	**Low to Moderate Risk** (Depending on risk assessment) OR **Moderate Risk** (Depending on risk assessment)	**Moderate Risk**	**High Risk**
	3. Surgical mask only worn by staff member i.e. noeye protection Case wearing surgical mask	**Low Risk**	**Low to Moderate Risk**	**Low to Moderate Risk** (Depending on risk assessment) OR **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 changes of environmental contamination	**Low Risk**	**Low 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 Risk**	**Low to Moderate Risk**	**Moderate Risk** (No AGBS, No AGPs) OR **High Risk** (Exposure to ABGs, AGPs)
	6. Staff member in P2/N95 and eye protection; no breaches. Case either with or without PPE *see note in category 4 box	**Low Risk**			

Testing and Quarantine Requirements for HCWs based on Risk Assessment

LOW RISK

Staff member can continue to work.
Remain vigilant for any mild symptoms.
Test if symptomatic.

LOW TO MODERATE RISK

Staff member considered a CASUAL CONTACT (with specific allowances for HCW staff):

- Quarantine as per ACT Public Health Directives.
- If there is an operational requirement, the staff member can return to work.
- Able to attend work while awaiting test results, must abide by all quarantine rules outside of work.
- Test as soon as possible, but not before Day 2 following exposure.***
- Retest on day 5.***
- Follow PPE requirements of HCF, including always using a P2/N95 mask whilst in the HCF.

MODERATE RISK

Staff member considered a CLOSE CONTACT (with specific allowances and requirements for HCW staff)

- Leave work immediately.
- Quarantine as per ACT Public Health Directives.
- Test as soon as possible, but not before Day 2 following exposure.
- Retest on day 5. ***
- If both tests return a negative result, staff member can return to work within the HCF, with repeat testing every 72 hrs and final clearance test on day 13.***
- Able to attend work after the day 5 negative test, however, must abide by all quarantine rules outside of work.
- Follow PPE requirements of HCF, incl always using a P2/N95 mask whilst in the HCF.

HIGH RISK

Staff member considered a CLOSE CONTACT

- Leave work immediately.
- Quarantine as per ACT Public Health Directives.
- Find out more about quarantine requirements for close contacts.
- Download: COVID-19 contact types - Close contact (PDF)

*** HCF to monitor HCW compliance with testing requirements

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Attachment B: COVID-19 Exposure in a Health Care Facility Interim Investigation Report

Attachment B - COVID 19 Exposure in

Attachment C: Daily Situation Report

Attachment C - TEMPLATE Daily Situat

Attachment D: COVID-19 Exposure Communication Template

Attachment D - Confirmed COVID19 E

Attachment E: COVID-19 Exposure in a Health Care Facility Final Investigation Report

Attachment E - COVID 19 Exposure in

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