COVID-19 and other acute respiratory infections – Managing health worker exposures and return to work in a healthcare setting

This guidance contains advice for all NSW health workers (HWs) for the following:

- Return to work advice for those with recent acute respiratory infection (ARI) including COVID-19; and
- Managing HWs who have had workplace exposures to COVID-19 or influenza.

General advice about isolation after COVID-19 community exposures is here.

This guidance aims to balance the risk of COVID-19 or ARI transmission in NSW health facilities, and the potential impact on patient safety and HW wellbeing.

Health workers with an ARI or COVID-19

HWs with symptoms of an ARI should stay at home. They should notify their workplace as per usual processes and seek medical advice if their condition deteriorates.

- HW with symptoms of an ARI should test for COVID-19 and/or influenza and Respiratory syncytial virus (RSV) and stay home until symptoms have resolved for at least 24 hrs
    - **COVID-19:** HWs with symptomatic COVID-19 infection should stay at home for at least 5 days. For more information refer to '*Table 2: Return to work after COVID-19*' COVID-19 (table 2 and 3 for COVID-19 only)
    - **Influenza:** HWs with confirmed influenza may return to work 5 days after symptom onset OR 3 days after commencement of 5-day course of influenza antiviral medication AND have been asymptomatic for > 24 hrs (afebrile without the use of antipyretics).
    - **RSV:** HWs confirmed with RSV must be asymptomatic for 24 hours or resolution of ARI symptoms for >24 hours (afebrile without the use of antipyretics)

Health workers having COVID-19 surveillance/screening testing

- If HW surveillance/screening testing is being performed (e.g., in high-risk units) and a HW tests positive to COVID-19 (RAT or PCR) they should stay at home
- If a COVID-19 PCR is performed and is negative, the HW may return to work
- If the PCR is positive or is not done (COVID-19 positive on a RAT), the HW is to stay at home for 3 days and return to work as pet Table 2 and the following:
    - Asymptomatic prior to positive test; and
    - Continues to be asymptomatic; and
    - A repeat COVID-19 RAT is negative (not required where PCR is negative)

Health workers with a known high-risk COVID-19 exposure

- HWs with a **high-risk exposure** to COVID-19 should test for COVID-19 two and six days after exposure (See *Table 4: Exposure to COVID-19 - Actions required for assigned risk level*)

Health worker with a household contact of COVID-19

If you are a HW and If you live with or have spent a long time with a person with COVID-19 in the community, you are to:

- Attend a RAT or PCR test, if negative and asymptomatic you may attend work.
- Monitor for symptoms, (even minor symptoms) for 7 days.
- Wear a mask for at least 7 days (up to 10 days)
- Notify your employer
- Testing for COVID-19 on day 2 and day 6
- If you develop symptoms, test for COVID-19 leave work and stay home

Also refer to table 4

Definitions

Symptomatic: in this context means acute infectious symptoms. A mild, post-infection cough may occur after an ARI but may not impact return to work. Refer to *Table 1: Acute respiratory infection definition*.

Asymptomatic: is the absence of acute respiratory infection symptoms.

High risk settings: All healthcare facilities including aged or disability care facilities

High risk exposure: For COVID-19 this includes household or household like contact, or occupational exposure as in Table 4.

Risk mitigation: in this context a combination of actions including source control (mask wearing - surgical or P2/N95), and in some cases testing even if very mild symptoms to reduce the risk of onwards transmission of ARI pathogens.

Refer to the COVID-19 and other acute respiratory infections for more information.

Resolution of symptoms (asymptomatic): resolution of fever and significant improvement of acute respiratory symptoms such as cough, runny nose, and sore throat for at least the preceding 24 hours. Other symptoms such as headache, anosmia (loss of smell), ageusia (loss of taste) or mild persistent cough may continue for some weeks and should not delay return to work.

Surveillance/screening test: In some high-risk units, staff may undergo regular (asymptomatic) surveillance testing for COVID-19. This is to be distinguished from **symptomatic** testing.

Table 1: Acute respiratory infection (ARI) definition

Adult:

New onset of

At least **ONE** of the following:		At least **ONE** of the following systemic features:
- Cough - Sore throat or runny nose - Shortness of breath or difficulty breathing	**AND**	- Fever or feverishness - Lethargy, malaise, confusion, or decreased appetite - Headache - Myalgia

Paediatric and/or those patients who cannot mount an adequate immune response (e.g., oncology, elderly, pregnant or immunosuppressed patients):

New onset of

At least **ONE** of the following:		May or may not include any of the following systemic features:
- Cough - Sore throat or runny nose - Shortness of breath or difficulty breathing	**AND**	- Fever or feverishness - Lethargy, malaise, confusion, or decreased appetite - Headache - Myalgia

Reporting of COVID-19 test results

Where available HWs should report their PCR and/or RAT results into StaffTrakr (or equivalent, as per local process) as soon as possible. StaffTrakr can be accessed from https://cmgmt.citc.health.nsw.gov.au or by scanning the following QR code.

Training material for StaffTrakr can be found here - https://nswhealth.sharepoint.com/sites/EHNSW-VACCSYSTEM/SitePages/StaffTrakr.aspx

For more information refer to:

NSW Health Advice for people exposed to COVID-19 guidance.

NSW Respiratory viruses - Fact sheets

CEC COVID-19 and ARI Infection Prevention and Control

NSW Health Influenza control guideline

Table 2: Return to work after COVID-19

Note: if HW is significantly immunocompromised, they need to seek advice from either their GP or relevant specialist regarding safe return to work.

Confirmed positive RAT or PCR test	
Day 0*	Do not attend work (stay home) and notify as per local process Record RAT result in StaffTrakr or equivalent or PCR results as per local process
Day 1-3 (applies to asymptomatic only)	If **surveillance/screening** testing of HWs is being performed (e.g., in high-risk units) and a HW tests positive to COVID-19 they should stay at home. If a PCR is performed and is negative, they may return to work. If the PCR is positive or is not done, stay at home for **three days** and returning to work requires the following: • Asymptomatic prior to positive test; and • Continues to be asymptomatic; and • A repeat COVID-19 RAT is negative (not required where PCR is negative).
Day 5	Conduct RAT, record result in StaffTrakr or equivalent and notify manager
	RAT negative: Can return to work the next day (day 6) if **asymptomatic** with **risk mitigation** in place until day 10
	RAT not done: Can return to work on day 7 only if **asymptomatic** for at least the 24 hours prior with **risk mitigation** in place until day 10
	RAT positive: Can return to work on day 7 only if continues to remain **asymptomatic** with **risk mitigation** in place until day 10 *If the HW is working with significantly immunocompromised patients, a risk assessment must be performed after day 7 and before return to work.*

Note: As per CDNA, if a HW has had COVID-19 they are not considered a close contact for 5 weeks or 35 days unless they become symptomatic again after they have met deisolation criteria from that episode. Therefore, they do not require surveillance testing or isolation if they are a close contact unless they become symptomatic during this period.

***Day 0:** Is the date of onset of symptoms or the date of the COVID-19 positive test, whichever is earliest.

Refer to the Infection prevention and control COVID-19 and other acute Respiratory Infections for more information.

Table 3: Occupational exposure to COVID-19 - Health worker risk matrix

Note: A breach happens with an occupational exposure refer to *'PPE Breach Risk Assessment key principles'*

- Case = Any confirmed positive case of COVID-19 (co-worker, patient or other)
- NB: The use of eye protection 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

PPE worn during contact between health worker and case	CONTACT TYPE – See page 5 for more detailed assessment of a breach		
	Transient Contact – Low Risk Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact	**Moderate Risk Scenarios** Contact within 1.5m up to 4 hours with a COVID-19 case	**Highest Risk Scenarios** Contact within 1.5m for more than 4 hours cumulative with a COVID-19 case OR Involved in AGPs and AGBs
1. No effective PPE worn by HW or case e.g., no mask or mask below nose	**Low**	**Moderate#**	**High#**
2. Surgical or P2/N95 mask worn by HW and no eye protection → **Case with no mask**	**Low**	**Low** OR **Moderate#**	**Moderate #** OR **High #**
3. Surgical or P2/N95 mask worn by HW and no eye protection → **Case wearing mask**	**Low**	**Low**	**Low** OR **Moderate#**
4. HW in surgical mask or P2/N95 and eye protection with no concerns or breaches → **Case with no mask**	**Low**	**Low**	**Low**
5. HW in surgical mask or P2/N95 and eye protection with no concerns or breaches → **Case wearing mask**	**Low**	**Low**	**Low**

#Perform a risk assessment on the level of exposure, duration, frequency, and level of PPE breach *(see Figure 1: PPE breach risk assessment key principles)*

Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of environmental contamination

This risk matrix does not replace the CEC Application of PPE Guide

Table 4: Exposure to COVID-19 - Actions required for assigned risk level

Low Risk Exposure	Moderate Risk Exposure	High Risk Exposure
Note: Perform a RAT or PCR if **symptomatic**, stay at home until **asymptomatic** and a negative result is received		

• Continue to work
• HW alert to symptoms even if very mild
	• Continue to attend work with **risk management** plan
	• For at least 7 days (up to 10 days) after exposure:
	  ○ HW alert to symptoms even if very mild
	  ○ Mask wearing (surgical or P2/N95) as per risk assessment
	  ○ Risk mitigation including risk assessment and management of shared spaces such as tearooms
		• Continue to attend work with a **risk management** plan
		• RAT or PCR on day 2 and day 6 post exposure
		• Continue to work if negative to COVID-19 and **asymptomatic**
		• For at least 7 days (up to 10 days) after exposure:
		  ○ HW alert to symptoms even if very mild
		• Mask wearing (surgical or P2/N95 as per risk assessment)
		• Risk mitigation including risk assessment and management of shared spaces such as tearooms

Figure 1: 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 **INCREASED RISK OF INFECTION**	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 **LIKELY RISK OF INFECTION**	Exposure of mucous membranes by direct droplets from confirmed COVID positive (e.g., spitting in HW face by confirmed COVID-19) Gross contamination during incorrect doffing	Remove from situation Remove contamination Remove PPE Perform hand hygiene Closely Monitor, screen/test

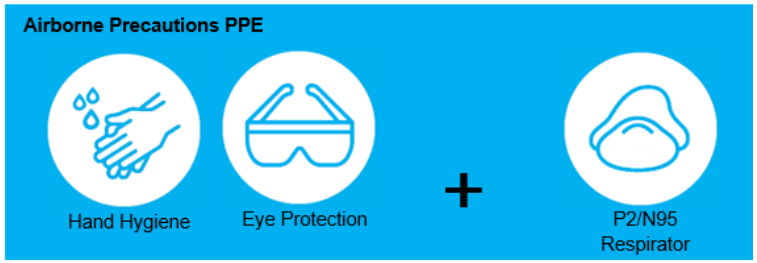
Adapted and modified from work developed by AUSMAT Quarantine management and operations compendium for the Howard Springs Quarantine Facility for the Repatriation of Australians at the Centre for National Resilience. National Critical Care and Trauma Response Centre. Darwin 2021.

- Standard precautions always include a risk assessment for the need for PPE

Patients with ARI symptoms

- Risk assess ARI for use of respiratory protection (P2/N95) for AGPs/aerosol generating behaviours (AGBs) or other similar procedures

Patients with suspected or confirmed COVID-19 OR as identified as a close contact



For more information refer to COVID-19 IPAC manual