

COVID-19 and other ARI - Managing health worker exposures and return to work in a healthcare setting

This guidance is designed to provide advice for all NSW Health Workers (HWs) for the following:

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

General advice about isolation after community exposures is [here](#).

This guidance aims to balance:

- Risks of COVID-19 or ARI transmission in NSW health facilities
- Risks to patient safety
- HW well-being.

The following applies when working within a NSW health facility or a clinical area:

- HWs with symptoms or high-risk exposure, should test for COVID-19 or other ARIs (RAT negative and if symptomatic, may require additional PCR testing)
- HWs with COVID-19 infection should not attend high risk settings* for at least **5** days. Return to work guidance is below. For more information refer to 'Table 2 – Return to work after COVID-19'
- HWs with an ARI which may be caused by a variety of transmissible pathogens, e.g., influenza or RSV, and have acute ARI symptoms should not attend high risk settings while symptomatic even if COVID-19 negative**
- HWs with confirmed influenza may return to work asymptomatic, after 5 days from symptom onset or 3 days after commencement of 5-day course of influenza antiviral medication)
- Where there is a high-risk exposure, with significant risk to service delivery, and appropriate risk assessment conducted after consultation with the senior management, continue to attend work with a risk management plan. For more information refer to 'Table 4 - Exposure to COVID-19 - Actions required for assigned risk level'
- Be diligent when using shared space. For more information refer to [Keeping safe in the workplace during COVID-19 fact sheet](#)
- In relation to avoiding shared spaces such as tea rooms, the health agency is to ensure an appropriate space is provided for HWs to observe break entitlements in accordance with relevant award provisions.

Note:

*High risk settings- All healthcare facilities including aged or disability care facilities

**Symptomatic in this context means acute infectious symptoms. Refer to *Table 1 Acute respiratory infection definition*). A mild, persistent cough may occur in some people and should not delay return to work.

Table 1 Acute respiratory infection (ARI) Definition

New onset of

at least one of the following:

Cough
Sore throat or runny nose
Shortness of breath or
difficulty breathing

AND

at least one of the following
systemic features:

Fever
Lethargy, malaise 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 soon as possible. StaffTrakr can be accessed from <https://cmgmt.citc.health.nsw.gov.au> or by scanning the following QR code. HWs should also register a positive rapid antigen test result with [Service NSW](#) as soon as possible.

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 Infection Prevention and Control Guidelines for Management and Assessment of Acute Respiratory Illness](#)

[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 high risk settings (stay home) and notify as per local process Record RAT or PCR result in NSW service app and StaffTrakr or equivalent
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 <u>only</u> 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 <i>If the HW is working with significantly immunocompromised patients, a risk assessment must be performed after day 7 and before return to work.</i>

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.

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.

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

Risk mitigation strategies include: HW alert to symptoms even if very mild, Mask wearing at all times – surgical or P2/N95 as per risk assessment, be diligent when using shared spaces such as tearooms and do not participate in any HW gatherings

Refer to the [COVID-19 IPAC Manual](#) 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

		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
PPE worn during contact between health worker and case	1. No effective PPE worn by staff member or case e.g., such as mask below nose	Low	Moderate#	High#
	2. Surgical or P2/N95 mask worn by staff member i.e., no eye protection → Case with no mask	Low	Low OR Moderate#	Moderate# OR High#
	3. Surgical or P2/N95 mask worn by staff member i.e., no eye protection → Case wearing mask	Low	Low	Low OR Moderate#
	4. Staff member in surgical mask or P2/N95 and eye protection with no concerns or breaches → Case with no mask	Low	Low	Low
	5. Staff member 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)

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

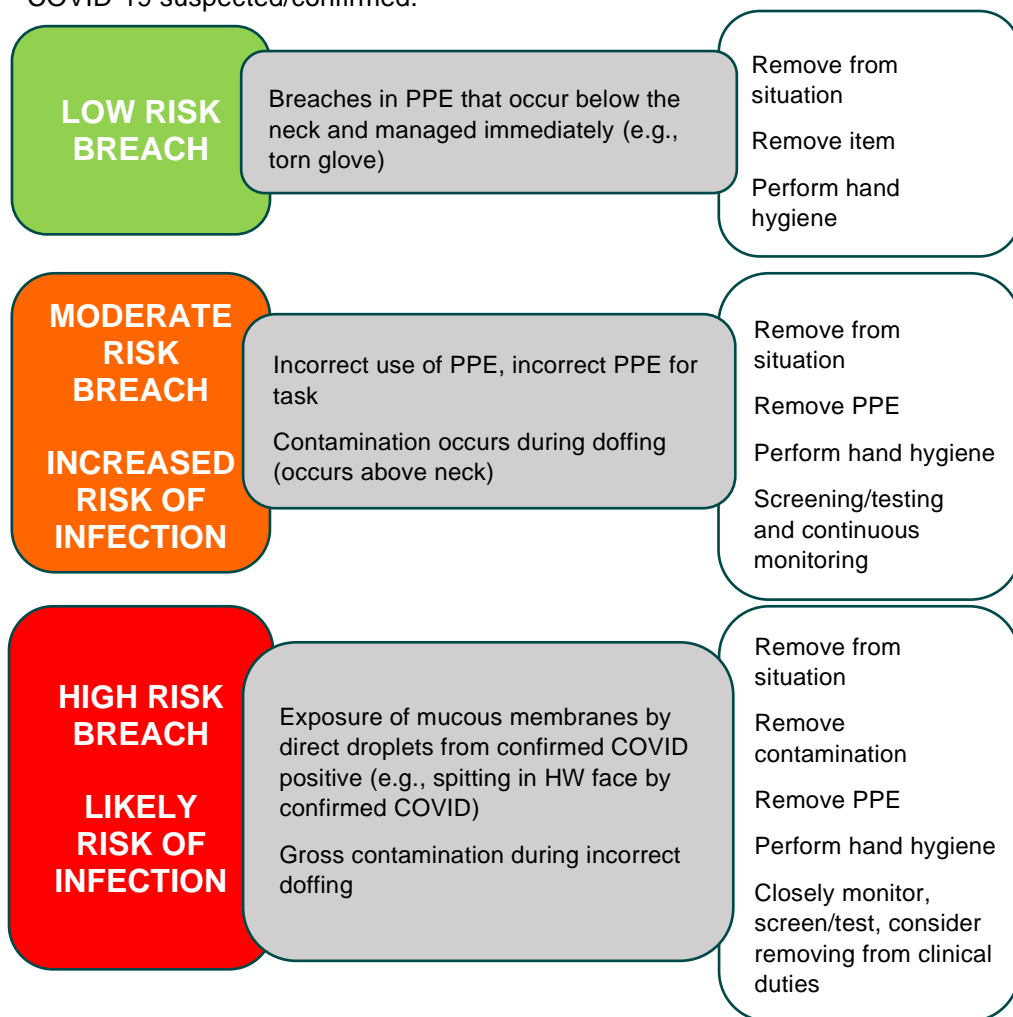
Low Risk Exposure	Moderate Risk Exposure	High Risk Exposure
<ul style="list-style-type: none"> • Continue to work • HW alert to symptoms even if very mild • RAT if symptomatic. PCR if RAT negative • Do not attend work until asymptomatic and negative result is received 	<ul style="list-style-type: none"> • Continue to attend work with risk management plan • PCR or RAT no earlier than day 2 post exposure • RAT if symptomatic and do not attend work until asymptomatic and negative result is received • For 10 days after exposure: <ul style="list-style-type: none"> ○ HW alert to symptoms even if very mild ○ Mask wearing at all times – surgical or P2/N95 as per risk assessment ○ Be diligent when using shared spaces such as tearooms and do not participate in any HW gatherings 	<ul style="list-style-type: none"> • If there is significant risk to service delivery, and appropriate risk assessment conducted after consultation with the senior management, continue to attend work with a risk management plan • PCR or RAT no earlier than on day 2 and day 6 post exposure • Continue to work if negative to COVID-19 and asymptomatic • RAT if symptomatic and do not attend work until asymptomatic and negative result is received • For 10 days after exposure: <ul style="list-style-type: none"> ○ HW alert to symptoms even if very mild ○ Mask wearing at all times – surgical or P2/N95 as per risk assessment ○ Be diligent when using shared spaces such as tearooms and do not participate in any HW gatherings

Resolution of symptoms: resolution of fever and significant improvement of acute respiratory for at least the preceding 24 hours. Other symptoms such as headache, fatigue, anosmia, ageusia or mild persistent cough may continue for some weeks and should not delay return to work.

HW recently returned from overseas - Negative PCR or RAT taken within 24 hours of arrival. This advice may change, refer to [COVID-19 information for international arrivals](#).

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.



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.

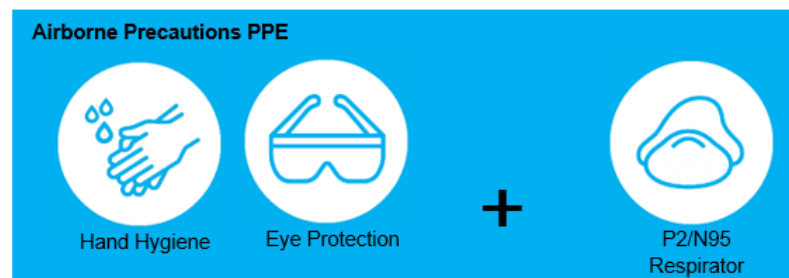
Contact Precautions protect the HW by minimising the COVID-19 transmission risk from direct physical contact with patients or indirect contact from shared patient care equipment or from contaminated environmental surfaces



Droplet Precautions protect the HWs nose, mouth and eyes from droplets produced by coughing and sneezing



Airborne Precautions protect the HWs respiratory tract from very small and unseen airborne particles that become suspended in the air



For more information refer to [COVID-19 IPAC manual](#)