

Management of patient or visitor COVID-19 exposures in healthcare facilities

The risk assessment matrices contained in this document are designed to assist in determining the level of risk posed to patients including children and their parents or carers, participants in care (PIC) and/or visitors if there has been contact with a COVID-19 case. Appropriate actions to be taken to minimise the risk of further spread of COVID-19 are also outlined.

Decisions about the designation to specific exposure categories are subject to a local risk assessment. **Risk assessment should be made in consultation with local Infection Prevention and Control.** Other important considerations may include the viral load of the index case at the time of exposure assessed in consultation with Infectious Diseases and/or Microbiology. This document does not replace the '[COVID-19: Managing Health Worker Exposures and Return to work in a Healthcare setting](#)' risk assessment matrix.

Note:

Close contacts who have recovered from previous COVID-19 do not need to isolate or be tested, irrespective of their risk classification if:

- they remain asymptomatic;
- they are not immunocompromised; and
- re-exposure is less than 4 weeks since symptom onset.

Patients who have an exposure to a COVID-19 positive case while in a facility need to have the exposure reported in IMS+.

Abbreviations and definitions

HW - Health Worker

NICU – Neonatal Intensive Care Unit

PIC - Participants in Care

PCR - Polymerase Chain Reaction

PPE - Personal Protective Equipment

RAT - Rapid Antigen Test

SCN – Special Care Nursery

Face to Face contact with a neonate example:

- Kangaroo care given by HW or PIC
- Breast feeding
- Bottle feed by HW or PIC.

Patient / Visitor Exposure to COVID-19 case

#Case = Any confirmed positive case of COVID-19

NB: P2/N95 Respirators are not recommended for use by the patient for COVID-19

		Contact type			
		<u>Transient contact – Low Risk Scenarios</u> Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact	<u>Moderate Risk Scenarios</u> Any face-to-face contact within 1.5m up to 4 hours with a COVID-19 case *Patients in shared rooms/bays may require escalation of risks given high transmission rates in this environment	<u>High Risk Scenarios</u> Prolonged face-to-face contact within 1.5m for more than 4 hours cumulative with a COVID-19 case OR Involved in AGPs and AGBs	
PPE worn by case# and patient/visitor contact	Case: No Mask Contact: No Mask	Low	Moderate	High	
	Case: Surgical mask Contact: No Mask	Low	Low	Moderate	High
	Case: No Mask Contact: Surgical Mask*	Low	Low	Moderate	
	Case: Surgical mask Contact: Surgical mask*	Low	Low	Low	
	Case (HW): P2/N95 respirator Contact: No Mask	Low	Low	Low	
	Case (HW): P2/N95 respirator Contact: Surgical mask*	Low	Low	Low	

*In intensive care, patients who are receiving closed circuit ventilation can be considered to have equivalent protection to a surgical mask

Patient / Visitor Exposure to COVID-19 case (NICU/SCN)

#Case = Any confirmed positive case of COVID-19

Note: Absence of eye protection does not equate to onward transmission

Face to Face contact with neonate examples are listed on page one

		Contact type		
		<u>Transient contact – Low Risk Scenarios</u> Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact	<u>Moderate Risk Scenarios</u> Any face-to-face contact within 1.5m up to 4 hours with a COVID-19 case in a closed space and the baby in an open cot	<u>High Risk Scenarios</u> Prolonged face-to-face contact within 1.5m for more than 4 hours cumulative with a COVID-19 case
PPE worn by case# and patient/visitor contact	Case: No PPE Contact: Open cot	Low	Moderate	High
	Case: Surgical mask Contact: Open cot	Low	Low	Moderate High
	Case: Surgical mask Contact: Closed crib	Low	Low	Low
	Case (HW): P2/N95 respirator Contact: Open cot	Low	Low	Low
	Case (HW): P2/N95 respirator Contact: Closed crib	Low	Low	Low

Actions based on risk classification (from table above)

Risk classification	Low Risk Exposure	Moderate Risk Exposure	High Risk Exposure
Requirements while in healthcare facility	Isolation not required	Isolate (closed crib if previously in an open cot) or cohort ¹ until negative day 2 test RAT or PCR test wherever feasible RAT or PCR at day 2 and test if symptomatic Ongoing monitoring ² for 14 days post exposure	Isolate or cohort for 7 days Wherever feasible PCR test at day 2 and 6 post exposure Test if symptomatic and continue to monitor for symptoms until day 14 Ongoing monitoring ² for symptoms and consider PCR Day 12
Monitor for symptoms, RAT if symptomatic			
Requirements while in the community	Isolation not required	Ongoing monitoring in the community until 7 days post exposure as per the guidance at 'How can we all help slow the spread of COVID-19'	Ongoing monitoring in the community until 7 days post exposure as per the guidance at 'How can we all help slow the spread of COVID-19'

¹If single room capacity exceeded, moderate risk contacts can be isolated or cohorted together based on risk assessment with transmission-based precautions.

² Ongoing monitoring should include monitoring for symptoms, testing regime, surgical mask wearing as able and avoiding sharing a room where able with patients significantly immunocompromised.

Patient Placement Guide according to Alert Level†				
Alert Level	Low (Green Alert) Transmission	Low to Moderate (Yellow Alert) Transmission	Moderate (Amber Alert) Transmission	High (Red Alert) Transmission
COVID-19 positive	Single room	Single room/cohort with other positives based on risk assessment or where suitable	Single room or cohort with other positives	Single room/cohort with other positives
COVID-19 suspected/contact	Single room	Single room/cohort with other suspected cases or contacts from the same exposure event if possible Exclude other ARIs	Single room/cohort with other suspected cases or contacts from the same exposure event if possible	Single room/cohort with suspected cases or contacts from the same exposure event if possible
Test as per Recommendations for COVID surveillance testing in NSW Healthcare Facilities				
Primary and Community Care (HITH)	Follow the current NSW Health Public Health guidelines https://www.health.nsw.gov.au/Infectious/factsheets/Pages/self-isolation-covid-and-close.aspx			

†See [Chapter 3 \(Response and escalation framework\) in the CEC COVID-19 Infection Prevention and Control Manual](#)

For patients with respiratory symptoms who are confirmed COVID-19 negative, other communicable infections should be considered and patients should be managed according to appropriate transmission-based precautions.

Note: Patients may be managed outside of a designated COVID-19 positive ward/department with implementation of transmission-based precautions. Patients with closed system ventilation (or equivalent) reduces the risk of acquisition/transmission of COVID-19.

*As transmission remains high in shared rooms/bays may require a higher level of consideration and investigation to the following:

- Assessment of length of time spent in shared space to determine risk classification
- If patients are ambulant/non ambulant
- Bed space position in 2/4bed bay, (in relation to COVID positive patient)