

Health Care Worker Close Contact or Confirmed COVID-19: Return to Work Guideline

Introduction

This guideline is designed to provide advice regarding managing health care workers who have been exposed to COVID-19 in the community as a close contact or while in the workplace as a high-risk exposure event.

Background

1. Given escalating COVID-19 case numbers and associated health service impacts, this guidance is proposed in the context of:
 - Rigorous compliance with staff particulate filtration respirator (PFR) mask wearing and eye protection in the presence of a patient or other member of staff
 - A fully vaccinated workforce with increasing rates having had third doses
 - Ongoing measures to ensure staff do not attend the workplace if symptomatic
 - Rigorous caution in tea rooms, minimising close interactions with others and only removing masks when immediately eating or drinking (as determined within the Local Health Network (LHN) staff recommendations and guidelines for COVID-19 risk minimisation)
 - Ensuring staff are directed to have a PCR if they:
 - Have any COVID-19 symptoms, or
 - Do not have access to a Rapid Antigen Test (RAT) at the time of having an identified exposure
2. This guidance aims to balance:
 - The risk of COVID-19 transmission in health facilities
 - The risks to patient safety from furloughed staff
 - Staff wellbeing
 - The impacts associated with a high demand for PCR testing
 - The availability and optimal use of RAT
3. As a general principle, for all exposures where the furloughing of asymptomatic staff member/s presents a critical risk to safe service delivery to patients, a senior health service manager can approve a COVID-19 exposed staff member to continue work with risk mitigation measures including daily RAT for at least 7 days post exposure.
4. Delegation of the senior manager should be the Senior Staff Health/Worker Health Nurse Manager for the facility or above, or equivalent/delegate after hours. Consultation and risk assessment should be guided locally by Infectious Diseases (ID) and /or Infection Prevention and Control (IPCS) in the absence of a Staff Health/Worker Health Service.
5. RATs are to be supplied by SA Health. All staff undertaking RAT are requested to fill out the online [Rapid Antigen Test Reporting Form](#) to provide ongoing surveillance information to SA Health. Local processes may also exist for the documentation and surveillance of RAT results of staff.
6. Requirements for all staff when on site include:
 - If fit-tested: Wear a PFR (e.g. N95 mask) and eye protection (goggles/face shield) at all times
 - If not fit-tested: Fit check and wear PFR (e.g. N95 mask) respirator and eye protection (goggles/face shield) at all times
 - Eat and drink alone and outside where possible for longer breaks. Avoid common spaces



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- STAFF MUST NOT remove mask/PFR in the presence of others at any time, including during breaks
- Daily monitoring for symptoms

Healthcare Worker Requirements

The information in the table below provides specific details of the requirements for testing and isolation depending on an individual's exposure risk, including staff who are deemed a social or high-risk close contact of someone that tests positive for COVID-19. It also includes guidance on the management of those staff who have returned a positive COVID-19 result.

Staff who are either identified as contacts of a COVID-19 positive case or return a COVID-19 positive result must follow the instructions of SA Health.

Staff identified as a close or casual contact of a COVID-19 case, or who return a positive COVID-19 result may be notified by SA Health. Whether staff are notified by SA Health, or self-identify that they are a contact or COVID-19 positive, they must contact Clinical Worker Health Service (CWHS) within their LHN for further advice and instructions. This may be additional to SA Health requirements.

Close or casual contacts who develop COVID-19 symptoms at any time must undergo a PCR test and remain off site. Contact their manager as soon as practical.

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Guidelines for staff COVID-19 exposure with no symptoms

Staff exposure type	Baseline risk/Standard	Close Contact (not household) Workplace exposure Close personal contact (15 min/indoors/no mask/close proximity) Transmission Site OR Household close contact or intimate partner where complete separation has occurred for the quarantine period	Household Close Contact or intimate partner Where separation for quarantine has not been possible/maintained
Naso-Pharyngeal (NP) PCR testing required	Nil	Day 1 (at time of notification) and RAT (self-collect to SA Pathology)	Day 1 (at time of notification) and day 6 (Drive through testing SA Pathology)
Rapid Antigen Testing required	Every 2 nd day	Daily from day of exposure to day 6 Return to every 2 nd day thereafter	Daily from days 1-13 if working on-site Return to every 2 nd day thereafter
Return to work (on-site)	Yes	Yes on day 1 of quarantine – following negative RAT while awaiting PCR result	If possible, work from home until day 13 RAT is negative If essential to return to on-site work, can return on-site if day 6 PCR is negative**
Monitoring of symptoms	Daily symptom monitoring Get PCR test if symptoms develop	Daily symptom monitoring Get PCR test if symptoms develop	Daily symptom monitoring Get PCR test if symptoms develop

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<p>STANDARD BEHAVIOUR*</p>	<p>Eat/drink alone in designated area</p> <p>Avoid common spaces</p> <p>Wear a mask and eye protection (N95 if clinical staff or surgical mask if non-clinical staff) at all times</p>	<p>Eat/drink alone in designated area outside and ensure > 2 metres apart from others</p> <p>Must not remove mask in presence of others</p> <p>Avoid common spaces</p> <p>Wear a mask and eye protection (N95) at all times</p>	<p>Eat/drink alone in designated area outside and ensure > 2 metres apart from others</p> <p>Must not remove mask in presence of others</p> <p>Avoid common spaces</p> <p>Wear a mask and eye protection (N95) at all times</p>
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Further information

*Home isolation must be in accordance with SA Health guidance available on the SA Health website. (Search: 'SA Health Isolation and Quarantine Advice'.)

** In certain circumstances it may be necessary for staff who have household or other high-risk close contacts to return before the Day 6 PCR. This should be considered on an individual basis by the LHN Infectious Diseases +/- infection control team.

Any questions staff have in relation to staff COVID-19 exposure and staff health can be directed to your Local Health Network Clinical Worker Health Service.

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Guidelines for staff who are confirmed COVID-19 positive

Staff exposure	Not Applicable
Naso-Pharyngeal (NP) PCR testing required	No follow-up PCR required
Rapid Antigen Testing required	Recommence standard staff RAT surveillance schedule 14 days after the return to work
Return to work (on-site)	Not to return to work until cleared by the Health Service in liaison with CDCB
Monitoring of symptoms	Daily symptom monitoring
Additional requirements following return on-site up to day 14	<p>Standard requirements</p> <p>Eat/drink alone in designated area</p> <p>Avoid common spaces</p> <p>Wear a mask and eye protection (N95 if clinical staff or surgical mask if non-clinical staff) at all times</p>