



# COVID-19 guidelines for healthcare practices in the community in a high and very high caseload environment

State Health Incident Coordination Centre (SHICC)  
Department of Health, WA

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## Version Control and Approval

This document should be considered a 'live document' and will be reviewed and updated regularly in response to:

- New legislation or statutory directions;
- Changes in advice based on emerging evidence or national guidelines;
- Learnings from outbreak management locally, in other jurisdictions and internationally; or
- Stakeholder engagement and feedback.

Review and update of this document is coordinated by the State Health Incident Coordination Centre (SHICC) Planning Cell which can be contacted with feedback at [PHEOC@health.wa.gov.au](mailto:PHEOC@health.wa.gov.au).

Version	Date	Author	Approved by	Comments on revision
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## Introduction

This document is intended for use by healthcare practices in the community including general practices, specialist medical, dental, allied health, alternative health practices, chiropractors, optometrists, imaging, psychologists, counsellors, acupuncture, traditional medicine and remedial massage.

Healthcare practices are at high risk of transmission of COVID-19. In addition, they are considered different to general workplace settings due to the potential susceptibility of patients and the duty of care related to providing health services.

When a person with COVID-19 has attended the premises during their infectious period as a staff member, client/patient or carer, a risk assessment is to be undertaken to determine further actions required. Exposures can occur during individual clinical consultations, in group scenarios and whilst in non-clinical settings such as the waiting room.

These guidelines are applicable at the time of publication. Stakeholders are urged to check the current status of key publications.

## Objectives

This paper will ensure:

1. Healthcare practices in the community can risk assess COVID-19 exposure and ensure continuity of critical services, particularly in remote and rural WA.
2. Healthcare practitioners are better positioned to support patients in their ongoing health needs.
3. Healthcare practitioners can continue to help reduce the demand on the tertiary system including emergency departments.

## Scope

This document is intended for use by healthcare practices in the community in metropolitan, remote and rural WA.

## Test, Trace, Isolate, and Quarantine (TTIQ) settings

**WA moved to a high caseload environment on Tuesday 8 February 2022.** The Chief Health Officer will determine at what point WA moves to a very high caseload environment.

1. **High caseload environment** – response level directed towards flattening the infection curve and managing the impact on the WA healthcare system whilst improving efficiency and focusing contact tracing on areas with the greatest public health benefit and at-risk populations.
2. **Very high caseload environment** – response level directed towards flattening the infection curve and managing the impact on the WA healthcare system whilst simultaneously permitting essential services to continue operating.

## Assessing the risk following a COVID-19 exposure

Work Health and Safety laws require employers to ensure the safety of workers and others in the workplace so far as is reasonably practicable. This includes preventing transmission of COVID-19 and responding to cases of COVID-19 in their workplace.

In a high and very high caseload environment, each workplace is responsible for assessing and applying this guidance when an exposure occurs in a work setting.

## 1. Information needed to perform the risk assessment

The following information is required:

- Use of PPE by case and contact/s
- Proximity and duration with the COVID-19 case
- Nature and size of the room in which contact occurred
- Whether the contact involved aerosol generating procedures or behaviours (see Appendix A)

In a **high or very high caseload environment**, new close contact definitions apply, and new test, trace, isolate and quarantine (TTIQ) protocols take effect.

In line with the national approach, a casual contact definition will no longer be used in WA, meaning casual contacts will no longer be subject to testing and isolation as a matter of course.

Irrespective of definitions, any person who experiences symptoms needs to present for testing immediately and isolate until the result is available.

A **close contact**, in a high and very high caseload environment, will be defined as:

- A household member or intimate partner of a person with COVID-19 who has had contact with them during their infectious period, or
- Someone who has had close personal interaction with a person with COVID-19 during their infectious period:
  - has had at least 15 minutes face-to-face contact where masks were not worn by the exposed person **and** the person with COVID-19, or
  - has spent greater than two hours within a small room or classroom environment with a case during their infectious period, where masks have been removed for this period, or
- A health care worker who was not wearing appropriate PPE (fit-tested N95/P2 mask, eye protection [goggles, safety glasses or face shields], gowns and gloves) where aerosol generating behaviours or procedures have been involved in relation to a person with COVID-19.
- Someone who has been advised by WA Health that they are a close contact.

## 2. Risk assessment for persons exposed in a health care practice (non-hospital)

Use the matrix below to assess the level of risk:

**Table 1: Risk assessment associated with an exposure at high/very high caseload settings**  
(excluding where aerosol generating procedures/behaviours occurred)

Type of close contact	Masks*	Risk assessment at high/very high caseload
Within 1.5m for between 1 minute and 15 mins	Yes	Low
	No	Low
Within 1.5m for 15 minutes or more	Yes	Low
	No	<b>High</b>
Together in the same room for 2 hours or more	Yes	Low
	No	<b>High</b>

### Masks\*

An appropriate mask is a surgical mask at a minimum.

Yes = appropriate masks worn for the duration of the period of contact by:

- Both case and contact, OR
- Case only, OR
- Contact only

No = neither case nor contact wore an appropriate mask for the duration of the period of contact.

**In a high or very high caseload environment, only high-risk contacts are managed as close contacts; low risk are advised to monitor for symptoms.**

### 3. Furloughing of healthcare workers

**Table 2. Recommended work permissions and restrictions for healthcare workers at high or very high caseload environments as determined by exposure risk and impact on safe service delivery**

Management of high-risk contacts	
<p><b>Low Impact on services</b></p> <p>For implementation at high and very high caseload settings</p>	<p>Quarantine for a full 7 days since last date of contact with COVID-19 case.</p> <p>Do a PCR test or RAT on day 1 <b>and</b> either a PCR test on day 6 or RAT on day 7. If positive test at any time, then manage as a COVID-19 case.</p> <p>Return to work after day 7, if day 6 PCR or day 7 RAT results are negative and remain asymptomatic.</p> <p>Following quarantine, worker is permitted to return to work after completing quarantine with additional requirements for the <b>next 7 days</b>:</p> <ul style="list-style-type: none"> <li>- Wear surgical mask at a minimum whilst at work.</li> <li>- Do RAT on days 8, 10 and 12.</li> <li>- Wear a surgical mask when travelling to and from work.</li> <li>- No shared break areas (the healthcare setting needs to facilitate this).</li> <li>- Avoid work with vulnerable persons.</li> <li>- Remain vigilant for symptoms, do PCR test or RAT if symptoms occur.</li> <li>- Do not enter other high risk settings unless required to do so as part of work duties or in an emergency, including aged care facilities, residential care facilities (including disability care facilities and mental health residential facilities), health care settings and correctional facilities.</li> </ul> <p>If symptoms develop, follow guidance for close contacts who develop symptoms.</p>
<p><b>High impact on services</b></p> <p>For implementation at very high caseload environment ONLY</p>	<p>If asymptomatic, continue to work if day 1 RAT is negative.</p> <p>Do a RAT prior to commencement of workday:</p> <ul style="list-style-type: none"> <li>- every working day, until day 7 result is negative, then</li> <li>- on days 8, 10 and 12.</li> </ul> <p>If remain asymptomatic, permitted to work with additional requirements:</p> <ul style="list-style-type: none"> <li>- Work in fit-tested N95/P2 respirator for the first 7 days following exposure; wear surgical mask at a minimum whilst at work thereafter.</li> <li>- No shared break areas (healthcare setting needs to facilitate this).</li> <li>- Consideration of limiting work to a single site/area.</li> <li>- Avoid work with vulnerable persons.</li> <li>- Wear a surgical mask at all times when travelling to and from work.</li> <li>- Continue to quarantine in community (when outside of work) for full 7 days until negative RAT on day 7 and no symptoms.</li> </ul> <p>For 14 days following contact with a COVID-19 case: do not enter other high risk settings unless required to do so as part of work duties or in an emergency, including aged care facilities, residential care facilities (including disability care facilities and mental health residential facilities), health care settings and correctional facilities.</p> <p>Remain vigilant for symptoms. If symptoms develop, follow guidance for close contacts who develop symptoms.</p>

## High impact on services

Guidelines on the definition of 'high impact' on services will be made available when a very high caseload environment is declared by the Chief Health Officer at the relevant time.

## Vulnerable persons

There are a range of factors that increase the risk of serious illness. These include age, existing health conditions, disability and the person's background. Not being vaccinated increases the risk of serious illness from COVID-19.

## Guidance for cases and close contacts who develop symptoms

**Table 1. Case and contact guidelines, by caseload**

	High caseload environment	Very high caseload environment
<b>Confirmed COVID-19 case</b>	<p>Isolate for a minimum of seven full days.</p> <p>If symptoms still present after 7 days, continue isolating until symptoms clear; if no symptoms after Day 7, leave isolation*</p> <p>No exit testing or clearance is required</p>	<p>Isolate for a minimum of seven full days.</p> <p>If symptoms still present, continue isolating until symptoms clear; if no symptoms after Day 7, leave isolation*</p> <p>No exit testing or clearance is required</p>
<b>Close contact who develops symptoms</b>	<p>Quarantine for a full seven days, either from the date of symptom onset or date of exposure to case, whichever is later.</p> <p>Take a PCR test or RAT on Day 1 or as soon as possible</p> <ul style="list-style-type: none"> <li>• if positive – follow confirmed COVID-19 case guideline</li> <li>• if negative PCR, continue to quarantine</li> <li>• if negative RAT, continue to quarantine and take a repeat RAT in 24 hours <ul style="list-style-type: none"> <li>○ if RAT positive – follow confirmed COVID-19 case guideline</li> <li>○ if RAT negative – continue to quarantine</li> </ul> </li> </ul> <p>Take a PCR test on Day 6 or a RAT on Day 7:</p> <ul style="list-style-type: none"> <li>• if positive – follow confirmed COVID-19 case guideline</li> <li>• if negative – and no new household members have tested positive – quarantine ends after Day 7, and monitor for symptoms</li> </ul>	<p>Quarantine for a full seven days, either from the date of symptom onset or date of exposure to case, whichever is later.</p> <p>Take a PCR test or RAT on Day 1 or as soon as possible</p> <ul style="list-style-type: none"> <li>• if positive – follow confirmed COVID-19 case guideline</li> <li>• if negative PCR, continue to quarantine</li> <li>• if negative RAT, continue to quarantine and take a repeat RAT in 24 hours <ul style="list-style-type: none"> <li>○ if RAT positive – follow confirmed COVID-19 case guideline</li> <li>○ if RAT negative – continue to quarantine</li> </ul> </li> </ul> <p>If at Day 7, no new household members have tested positive – take a RAT again on Day 7</p> <ul style="list-style-type: none"> <li>• If positive, follow confirmed COVID-19 case guideline</li> <li>• If negative, leave quarantine after Day 7</li> </ul>

## PPE requirements

The WA Health COVID-19 Framework System Alert and Response Framework (the SAR) provides overarching guidance for public hospitals to manage and mitigate the risks associated with COVID-19 transmission; however, health care practices in the community may find the advice helpful when determining

their own strategies and responses to mitigating risks to patients and service delivery associated with COVID-19.

## Cleaning and potential closure of premises

SARS-CoV-2, the virus that causes COVID-19, can survive on surfaces for some time, but effective cleaning and disinfection will kill the virus. The length of time the SARS-CoV-2 virus can survive on surfaces varies depending on several factors including the amount of virus expelled onto a surface by respiratory droplets, the type of surface exposed, the temperature and the humidity.

The term 'deep-cleaning' has been loosely used by the media to communicate thorough cleaning and disinfection of a public site that has potentially been exposed to the SARS-CoV-2 virus. This terminology is not a quantifiable measure of cleaning and it is not recognised or used by the Department of Health Western Australia.

There is no requirement for a certificate of cleaning and disinfection to be issued for the premises to resume routine operations. Staff undertaking cleaning, including contracted cleaning companies, should have received training on cleaning and disinfection and the correct use of cleaning equipment. This includes training in the correct use of personal protective equipment (PPE).

## Key companion documents

### Useful links:

- [COVID-19 information for health professionals](#)
- Accessing and using PPE:
  - [Advice on how to access Personal Protective Equipment \(PPE\) \(health.wa.gov.au\)](#)
  - [Advice for use of PPE for non-healthcare workers in community settings \(health.wa.gov.au\)](#)
- Infection Prevention and Control (IPC):
  - [Cleaning a site following COVID-19 exposure \(health.wa.gov.au\)](#)
  - [Environmental cleaning in home and workplace \(health.wa.gov.au\)](#)
- Advice for business: [COVID-19 information for business, industry and local government \(health.wa.gov.au\)](#) – includes the Test, Trace, Isolation and Quarantine (TTIQ) Plan
- Free home monitoring care for COVID-positive people who require it due to having risk factors which put them at greater risk of requiring hospitalisation: [WA COVID Care at Home \(healthywa.wa.gov.au\)](#)
- [Pulmonary Function Testing during SARS-CoV-2 Outbreaks: Preliminary Guidance from TSANZ/ANZSRS - January 2022](#)
- [Health Pathways](#)
- [Royal Australian College of General Practitioners \(RACGP\) COVID-19 resources](#)
- [Australian Government advice for groups at greater risk](#)

## Appendix A: Aerosol Generating Procedures Checklist

### Aerosol generating procedures

Aerosol generating procedures (AGPs) are those procedures that promote the generation of fine airborne particles (aerosols) that may result in the risk of airborne transmission of disease.

The list below provides examples of AGPs:

#### **Instrumentation or surgical procedures on the respiratory tract including:**

- insertion or removal of endotracheal tube
- intentional or inadvertent disconnection/reconnection of closed ventilator circuit
- high frequency oscillatory ventilation (HFOV)
- open oropharyngeal or tracheal suctioning
- upper respiratory instrumentation or surgery e.g. bronchoscopy, tracheotomy, ear nose throat surgery
- surgical or post-mortem procedures on respiratory tract involving high-speed devices
- intercostal catheter insertion for relief of pneumothorax
- thoracic surgery that involves entering the lungs.

#### **Other procedures that can generate respiratory aerosols:**

- manual or non-invasive ventilation (NIV):
  - bi-level positive airway pressure ventilation (BiPAP)
  - continuous positive airway pressure ventilation (CPAP)
- collection of induced sputum
- high flow nasal oxygen (HFNO)
- diagnostic instrumentation of the upper digestive tract, including transoesophageal echocardiography
- cardiopulmonary resuscitation (CPR).

### Aerosol generating behaviours

Aerosol-generating behaviours (AGBs) are behaviours that are more likely to generate higher concentrations of infectious respiratory aerosols such as persistent and/or severe coughing, screaming, shouting, and singing.

**This document can be made available in alternative formats  
on request for a person with disability.**

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