

COVID-19 – PRIMARY CARE GUIDANCE ON STAFF HEALTHCARE EXPOSURE

POTENTIAL STAFF EXPOSURE TO PROBABLE/CONFIRMED CASE OF COVID-19 AT WORK% WITHOUT COMPLETE PPE* WITHIN LAST 14 DAYS

EXPOSED STAFF MEMBER IS SYMPTOMATIC

Symptoms include fever, cough, shortness of breath, sore throat, coryza and/or anosmia

EXPOSED STAFF MEMBER IS ASYMPTOMATIC

REQUIRES COVID-19 TESTING

EXPOSED STAFF MEMBER CURRENTLY AT WORK

- Place a surgical mask on the exposed staff member immediately
- Isolate in the nearest free room available
- Arrange COVID-19 testing - prior to going home if possible
- Assess all other staff members exposed to above staff member

EXPOSED STAFF MEMBER CALLING FROM HOME

- Advise exposed staff member to self-quarantine at home
- Advise immediate household members to also self-quarantine
- Arrange COVID-19 testing

CLOSE CONTACT

≥15 minutes of cumulative exposure within 2m of a probable/confirmed case of COVID-19

OR body fluid exposure[&] from a probable/confirmed case

CASUAL CONTACT

Other contact without complete PPE* not fulfilling the close contact criteria

STAND DOWN FOR 14 DAYS FROM THE LAST EXPOSURE EVENT[%]

- Advise to monitor for symptom[#] development during stand down period

IF SYMPTOMS[#] DEVELOP DURING THE 14-DAY STAND DOWN PERIOD

- Reassess from the top of this flowchart

CAN CONTINUE TO WORK UNDER THE PROVISION THAT THE EXPOSED STAFF MEMBER COMPLIES WITH THE FOLLOWING FOR 14 DAYS FROM THE LAST EXPOSURE EVENT

- Remains asymptomatic
- Wears a surgical mask during work shifts
- Monitors daily for symptoms[#] and twice daily temperature checks

IF SYMPTOMS[#] DEVELOP, MUST STAND DOWN IMMEDIATELY

- Reassess from the top of this flowchart

[%] Where exposure has very recently occurred, the exposed staff member can continue to work in the initial 24 hours following exposure without additional precautions. Where the exposure involves a suspect case undergoing testing, who subsequently tests negative for COVID-19, no further action is necessary unless the suspect case is subsequently deemed as a probable case by Community & Public Health.

* Complete PPE consists of the use of a surgical mask (or N95 mask for aerosol generating or high risk procedures), gown, gloves, and eye protection.

[#] Symptoms to monitor include fever, cough, shortness of breath, sore throat, coryza, and/or anosmia. Use of the Exposed Staff Member Self-Monitoring Diary (page 3 of this document) is encouraged.

[&] Discuss significance of the nature of body fluid exposure with Infectious Diseases or Clinical Microbiology.

COVID-19 – PRIMARY CARE GUIDANCE ON STAFF COMMUNITY EXPOSURE

POTENTIAL STAFF EXPOSURE TO PROBABLE/CONFIRMED CASE OF COVID-19 IN THE COMMUNITY% WITHIN LAST 14 DAYS

EXPOSED STAFF MEMBER IS SYMPTOMATIC

Symptoms include fever, cough, shortness of breath, sore throat, coryza and/or anosmia

EXPOSED STAFF MEMBER IS ASYMPTOMATIC

REQUIRES COVID-19 TESTING

CLOSE CONTACT

Household contact OR ≥15 minutes of cumulative exposure within 2m of a probable/confirmed case of COVID-19

CASUAL CONTACT

Any other contact not fulfilling the close contact criteria

EXPOSED STAFF MEMBER CURRENTLY AT WORK

EXPOSED STAFF MEMBER CALLING FROM HOME

OR body fluid exposure[&] from a probable/confirmed case

- Place a surgical mask on the exposed staff member immediately
- Isolate in the nearest free room available
- Arrange COVID-19 testing - prior to going home if possible
- Assess all other staff members exposed to above staff member

- Advise exposed staff member to self-quarantine at home
- Advise immediate household members to also self-quarantine
- Arrange COVID-19 testing

STAND DOWN FOR 14 DAYS FROM THE LAST EXPOSURE EVENT%

- Advise to monitor for symptom[#] development during stand down period

IF SYMPTOMS[#] DEVELOP DURING THE 14-DAY STAND DOWN PERIOD

- Reassess from the top of this flowchart

CAN CONTINUE TO WORK WITH THE PROVISION THAT THE EXPOSED STAFF MEMBER COMPLIES WITH THE FOLLOWING FOR 14 DAYS FROM THE LAST EXPOSURE EVENT

- Remains asymptomatic
- Wears a surgical mask during work shifts
- Monitors daily for symptoms[#] and twice daily temperature checks

IF SYMPTOMS[#] DEVELOP, MUST STAND DOWN IMMEDIATELY

- Reassess from the top of this flowchart

[%] Where exposure has very recently occurred, the exposed staff member can continue to work in the initial 24 hours following exposure without additional precautions. Where the exposure involves a suspect case undergoing testing, who subsequently tests negative for COVID-19, no further action is necessary unless the suspect case is subsequently deemed as a probable case by Community & Public Health.

[#] Symptoms to monitor include fever, cough, shortness of breath, sore throat, coryza, and/or anosmia. Use of the Exposed Staff Member Self-Monitoring Diary (page 3 of this document) is encouraged.

[&] Discuss significance of the nature of body fluid exposure with Infectious Diseases or Clinical Microbiology.

COVID-19

EXPOSED STAFF MEMBER SELF-MONITORING DIARY

This form is designed for you to use as a checklist and guide following potential exposure to COVID-19.

Date of most recent exposure event _____

If you are involved in another potential exposure event to COVID-19 during your symptom monitoring period, you must restart your 14-day symptom monitoring period from the most recent exposure event.

Day*	1	2	3	4	5	6	7	8	9	10	11	12	13	14
SYMPTOMS TO MONITOR	Date													
Fever (≥38°C) <i>Check twice daily if thermometer available</i>														
Feeling hot/cold, shivery, rigours <i>If thermometer not available</i>														
Cough														
Sore throat														
Shortness of breath														
Coryza[#] <i>Runny nose, sneezing, post-nasal drip</i>														
Anosmia[#] <i>Loss of sense of smell</i>														

** from most recent exposure # Coryza and/or anosmia should be accompanied by at least one other symptom listed above*

IF YOU DEVELOP ANY OF THESE SYMPTOMS DURING YOUR 14 DAY SYMPTOM MONITORING PERIOD, YOU MUST STAND DOWN FROM WORK IMMEDIATELY AND INFORM YOUR LINE MANAGER.