Appendix for Primary Care: 'Risk Assessment and Categorisation of Healthcare Workers Exposed to Covid-19'

1 December 2021

This appendix is intended to support implementation of risk assessment and categorisation of health care workers' (HCWs) exposure to COVID-19 in primary care settings. It is intended to provide an understanding of expected processes and the implications for clinical practice and service continuity. It has three parts:

A. Preparedness, including three key messages that come from reviewing application of the *'Risk Assessment and Categorisation of Healthcare Workers Exposed to Covid-19'* (the matrix) to primary care scenarios, which can assist practices in preventing impacts from exposure events.
B. An outline of the current process and roles and responsibilities for management of COVID-19 exposure events in primary care, as at mid-November 2021. This recognises the approach is evolving, and it will be reviewed on a two-weekly schedule along with the review of the overarching document this appendix sits under. Templates referred to are attached.
C. Example scenarios and categorisations based on applying the matrix.

This guidance anticipates that the majority of health care staff are already vaccinated. Whilst this is now mandatory there will still be a few situations where staff are not yet fully vaccinated, and the matrix covers these situations.

A. Preparedness

Make it is easier to undertake a risk assessment of a COVID-19 exposure event by having a 'living' summary of the relevant information about your practice. Filling out *Template One* of the *'Exposure Events Management Templates'* and reviewing it monthly is an easy way to do that. This relates to Table 1 on page one of the matrix ('*Factors to consider in risk assessment'*).

Also establish in advance the expectation of your local Public Health Unit (PHU) about the level of involvement they anticipate with COVID-19 exposure events in primary care and to what degree self-management by the practice is anticipated. Your PHO may be able to assist you with this. Anticipate that this will evolve as the COVID-19 situation evolves around the country.

Three key messages that come from reviewing application of the matrix to primary care scenarios

1. **Asymptomatic surveillance swabbing as well as symptomatic swabbing** should always be undertaken in the red stream with appropriate PPE. https://www.health.govt.nz/system/files/documents/pages/hp7716-ppe-for-taking-covid-19-naso-oropharyngeal-swabs-12aug2021.pdf

2. **Medical masking of all staff** (including non-clinical) is important to protect staff from inadvertent COVID-19 exposure - from patients or from other staff who may have acquired COVID-19 in the community. Reception staff are often the first point of contact for patients and visitors to the practice and can sometimes have prolonged interactions with patients, helping people fill in forms, etc.

3. **Staff breaks / mealtimes are key occasions** when exposure can happen if it turns out someone becomes a case and has worked during their infectious period. People take their masks off at mealtime, may not be distanced and often spend >15 minutes together. Some practices have been asking staff who are not fully vaccinated to have staggered meal breaks, or go outside for meal breaks, and limit to 15 minutes. There is a need to be creative to maintain team culture.

B: Outline of the process for primary care COVID-19 exposure events as at mid November 2021.

Templates referred to are attached.

1. Potential or actual exposure event identified
    - positive result via lab notification and the patient has recently attended the practice (need to check timing for infectious period – see below), or
    - staff member rings to inform you they are a case, or
    - public health ring because they have identified an exposure event from a case interview
2. When a positive COVID-19 result comes into your inbox, follow local advice about whether you ring the patient – if you do ring and they have not heard from public health yet, you can advise them to isolate and direct them to Health Line for further instructions.
3. Practice completes *'Exposure Event Management Templates'*. It is important to document an exposure event and the information used in decision-making about contacts. Use *Template Two (a)* where the case is a patient, or *Template Two (b)* where the case is a staff member, to record and assess the interactions within 1.5 M more than transiently (e.g., 30 sec). Then record the details of each person involved in the '*Template for Recording Potential Contacts'* Excel spreadsheet provided.
4. Using the '*Risk Assessment and Exposure Categorisation of Healthcare Workers Exposed to Covid-19'* guidance document, review each staff member and determine the level of exposure and resulting actions, and record in the *'Template for Recording Potential Contacts-Staff'* Excel spreadsheet.
    - Assume more contact rather than less (the highest degree of contact for that worker category and the interaction – it is unrealistic in most instances to expect people to dissect the detail days later). In most instances this will still not mean people have to be stood down but affects other advice for management.
    - Everyone else in the clinic at the time should be listed but indicating there were no known interactions.

5. Follow the advice about next actions as determined by the exposure level in the health care worker exposure event guidance, to draft a simple management plan. A nominated clinical lead should have oversight of this process.
6. Where testing and follow up of staff who are contacts is necessary (Levels II – IV), monitor and record this follow up. Any higher risk contacts (Level III and IV) will need to be notified to the National Contact Tracing Solution (NCTS)as below.
7. Record all staff contacts in the *'Template for Recording Potential Contacts-Staff'* Excel spreadsheet email a copy to the National Investigation and Tracing Centre (NITC) on: covid-19_nitc_triage@health.govt.nz. **Please include the name and address of the practice in the body of the email.** Keep a copy of this spreadsheet for practice records. If your local PHU has indicated that they wish to be informed (see above-Preparedness) send a copy of this spreadsheet to them also. **Please note**: this document is designed to aid provision of required information to NITC but also appropriate recording of the exposure event which can then be retained for your own records. Please refer to the instructions tab on the Excel to aid with this.
8. Please provide NITC and your local PHU with details of patients likely to have been in the clinic at the time of any potential exposure. (Health care exposures are only usually listed as a Location of Interest if there isn't a way of determining who was likely to have been at the facility at the time.) The NITC/PHU will organise assessment and management of any patients assessed as close contacts. Please complete the '*Template for Recording Potential Contacts-Patients'* Excel spreadsheet following the instructions provided in the Excel and email a copy to: covid-19_nitc_triage@health.govt.nz and your local PHU. **Please include the name and address of the practice in the body of the email.**

C. Example scenarios and categorisations based on applying the matrix

Scenario	Group within the scenario	Categorisation	Rationale
1. Patient comes into clinic in green stream for a routine check-up, is wearing a mask. Discloses towards the end of the consult that they have a mild runny nose from hayfever. Walks out to their car and has a COVID swab which turns out to be positive. An unvaccinated Healthcare Assistant working non-clinical role bumped into the	Clinician in the green stream fully vaccinated wearing medical mask	Level I	High risk exposure but clinician is fully vaccinated and wearing a medical mask. Risk becomes low.
	Receptionist fully vaccinated, short interaction but not wearing a mask	Level II if considered face to face interaction, rather than shared indoor space	Moderate risk exposure, staff member isn't wearing a mask so risk is moderate.
	Unvaccinated masked healthcare worker who bumped into patient in the hallway	Not a contact	Transient, not face to face, no increased risk

patient while they were walking out of the clinic.			
2. Doctor got COVID in the community. Has been wearing a medical mask when seeing patients, but no mask in the workplace when not seeing a patient (tearoom, having lunch).	Fully vaccinated, unmasked other staff members (e.g., meal breaks)	Level III	High risk exposure [just as well they are vaccinated!]
	Partially vaccinated, unmasked staff	Level IV	High risk exposure, and no mask, unvaccinated - risk is highest.