Reducing COVID-19 Transmission in Frontline Healthcare Workers Procedure

Approved By:	Senior Executive Medical Director, Home Care
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Accountable Executive:	Senior Executive Medical Director, Home Care
Responsible Functional Manager:	Clinical Governance Manager
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Related Documents:	Clinical Governance & Quality Management Framework

Purpose: *To provide guidance for Medibank healthcare workers, their people leaders and senior managers to manage risk of Covid-19 transmission.*

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1. Definitions

This table defines the terms used throughout this procedure.

Term	Definition
Close Contact	A person who has been face-to-face for at least 15-minutes or been in the same closed space for at least 2-hours, as someone who has tested positive for the COVID-19 when that person was infectious.
Casual Contact	A person who has been face-to-face for less than 15-minutes or been in the same closed space for less than 2-hours, as a person who has tested positive for COVID-19 when that person was infectious.
Confirmed Case	A person who tests positive to a validated SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture.
Suspected Case	A person satisfying epidemiological and clinical criteria
Epidemiological Criteria	- International travel in the 14-days before the onset of illness, or - Close contact in the 14-days before illness onset with a confirmed case of COVID-19
Clinical Criteria	- Fever, or - Acute respiratory infection (i.e. shortness of breath, cough or sore throat) with or without fever
Isolation	A period of self-quarantine up to 14-days for people who are suspected or confirmed to have COVID-19

2. PURPOSE

2.1. The purpose of this procedure is to provide guidance to healthcare workers, their People Leaders and senior managers to reduce the risk of transmission of the COVID-19 virus to patients/aged care residents.

3. SCOPE

3.1. Advice for all Medibank frontline healthcare workers caring for patients/residents during home visits and/or in community and residential aged care (RAC) facilities

3.2. This procedure assumes that all health care workers who have returned from overseas have self-isolated for 14 days and not attended work

3.3. Any decisions regarding notification of external parties will be made by the relevant senior Clinical Manager in conjunction with the Senior Executive Medical Director (SEMD)

4. PROCEDURE REQUIREMENTS

4.1. Actions required for all healthcare workers in the following scenarios:

Scenario 1 – Healthcare worker is unwell and is displaying flu like symptoms with or without close and/or casual contact with a COVID-19 case (See Flow Chart A)

- Remain at home and inform your People Leader of your absence
- All healthcare workers need to be tested if temperature >37.5 and any cold or flu like symptoms (see Appendix 6.1 for advice regarding testing).
- **Staff working in RAC facilities should have a very low threshold for testing given that the workforce is young and likely to have mild symptoms. All RAC workers with symptoms are to seek testing.**
- If the worker has had close contact with a confirmed COVID-19 case, they should self-isolate until their results come back
- If the worker has had casual contact with a confirmed COVID-19 case, this must be escalated to the Service Delivery Manager (SDM) (HealthStrong and CareComplete) /Clinical Manager (HSS) and SEMD for advice
- If the worker has had no close or casual contact then they are able to leave their home, but should practice social distancing and should minimise their time in the community until their results come back or their symptoms resolve
- Staff should not return to work until they are well and have a negative COVID-19 test if applicable

Scenario 2 – Healthcare worker is well but has had close or casual contact with a **confirmed** COVID-19 case

- Notify your People Leader
- If healthcare worker has had close contact they should return/remain at home and self-isolate for 14-days. If flu-like symptoms develop healthcare worker is to arrange COVID-19 testing (Appendix 6.1)
- If healthcare worker has had casual contact People Leader will escalate to Service Delivery Manager/Clinical Manager and SEMD for advice – each situation needs to be assessed individually

Scenario 3 – Healthcare worker comes into close contact with a confirmed COVID-19 case in a workplace setting (if using recommended PPE, this is not considered close contact and staff member can continue working)

- If in a RAC, follow direction of facility and public health unit. Notify People Leader ASAP
- If in another health care setting e.g. hospital, follow direction of the health care facility and notify People Leader ASAP
- If in a home setting,
  - if need to remain in the home to complete treatment, use PPE (see Appendix 6.2), and then notify People Leader immediately on leaving the home. DO NOT visit any other clients until cleared to do so by your People Leader. People Leaders must escalate to the SDG/Clinical Manager and SEMD for advice.
  - If not needing to remain, leave the home immediately and advise your People Leader. DO NOT visit any other clients until cleared to do so.
- As per close contact, will need to self-isolate at home for 14-days from the last day of contact
- If fever (>37.5) or respiratory illness (even if mild) occur, seek medical attention as soon as possible to arrange for testing
- The facility or PHU may request testing

Scenario 4 – Healthcare worker has **possible** casual contact with confirmed COVID-19 outside the work setting

- If working in RAC, escalate to People Leader who will then seek advice from SDG/Clinical Manager and SEMD. Advice will vary depending on circumstances and level of risk
- If providing other care, notify your People Leader but can continue working and self-monitor for symptoms. If become unwell, immediately self-isolate and organise testing.

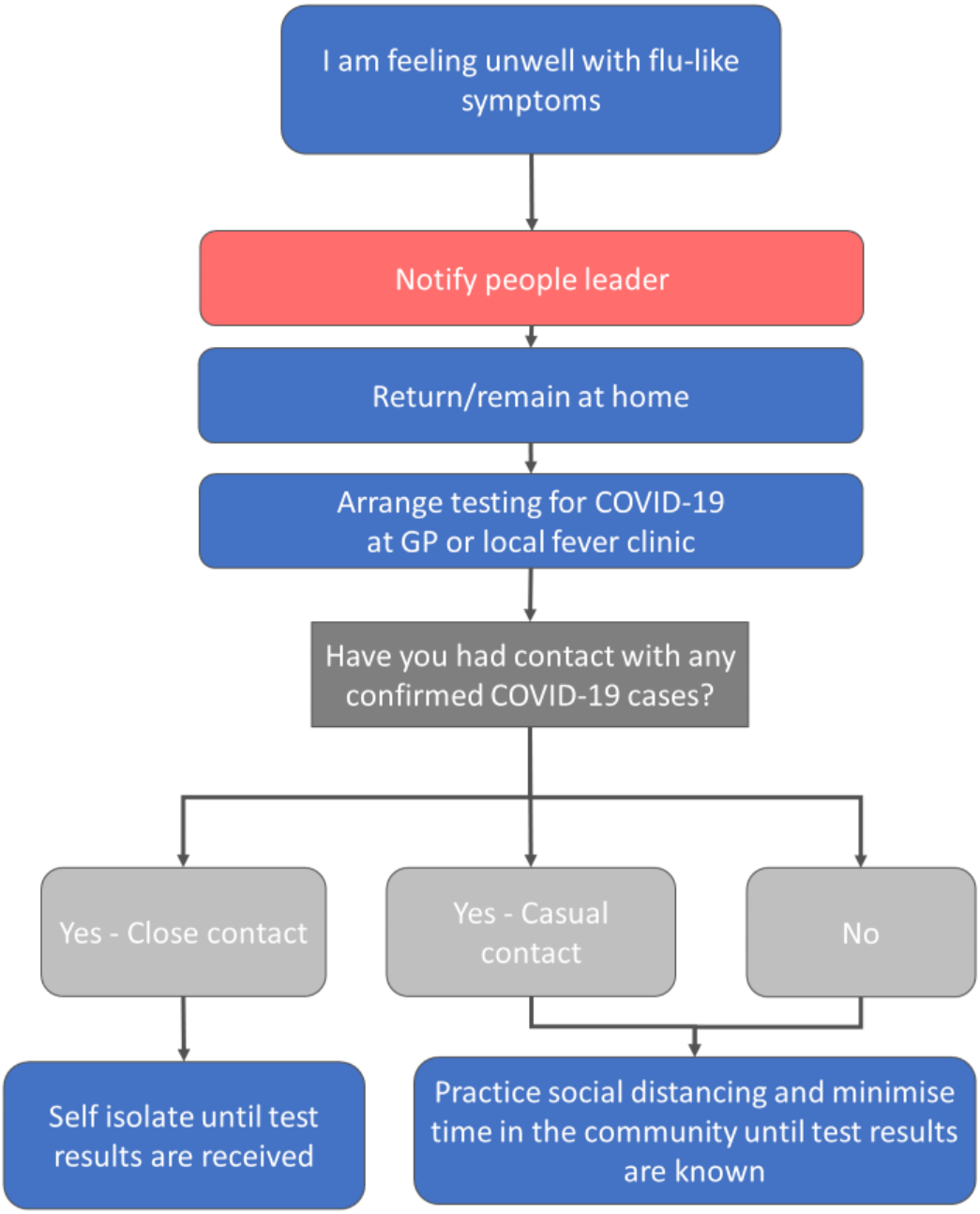
4.2. Actions required for People Leaders:

- **Ensure all staff are aware of this procedure and their responsibilities to notify early any concerns regarding their health or possible exposure to COVID-19**
- Review facts relating to possible exposure (refer to definitions for confirmed/suspected COVID-19 case)
- Request and review the following details from the staff member:
  - Possible source and date of exposure
  - Reason for suspecting source (confirmed case, recent traveller, person with known exposure)
  - Any symptoms to date
  - Current management, i.e. appointment with GP, test completed and expected result time frame
  - Recent contact with participants and/or other Medibank staff
  - Current supports in place or required
  - Who they have spoken to so far and any information shared

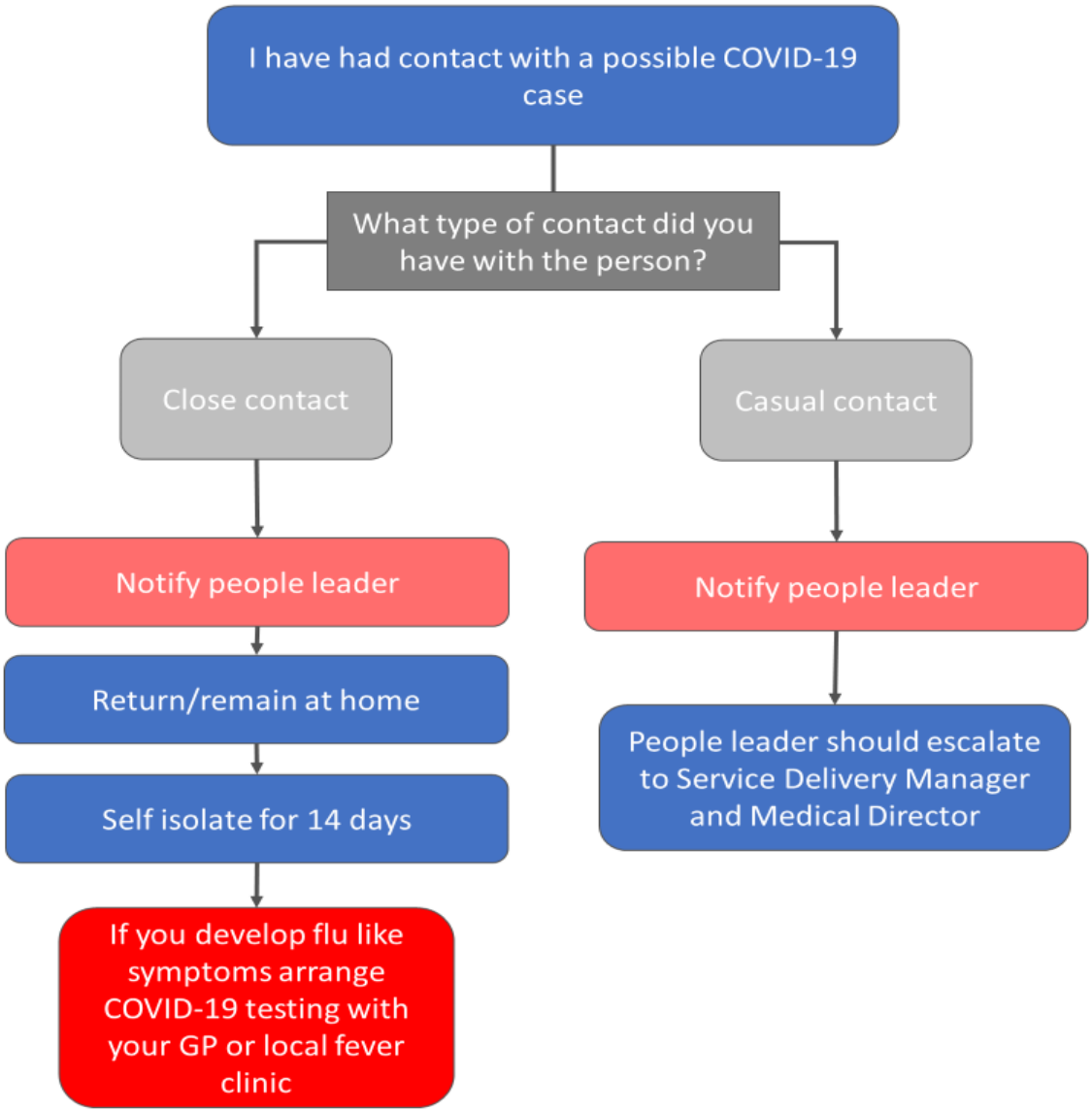
- Support staff member to commence self-isolation if risk confirmed – refer to the fact sheet at https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-about-home-isolation-when-unwell-suspected-or-confirmed-cases
- If healthcare worker satisfies the criteria for a suspected case, ensure they have followed up with their GP or local hospital to arrange medical review and testing. For both suspected and confirmed cases, support implementation of self-isolation
- Review recent team members activities. If there has been clinical service delivery or close contact with Medibank staff within 24-hours of initial symptoms, escalate to senior Clinical Manager who will review case and liaise with SEMD as required and coordinate any notifications to affected people and facilities.
- The relevant senior executive to consider need to notify funders where relevant
- Alert P&C of all possible and confirmed diagnoses
- Ensure healthcare worker has appropriate supports in place, including awareness of *EAP.* Maintain daily contact during self-isolation

5. FLOW CHART

a) Unwell Healthcare Worker



b) Healthcare Worker COVID-19 Contact



PROCEDURE HISTORY

Current Version NO: 1
Effective Date: 20 March 2020

6 APPENDIX

6.1 Fever Clinic Locations:

State	Web Address
NSW	https://www.health.nsw.gov.au/infectious/diseases/Pages/coronovirus-testing.aspx
QLD	https://www.snp.com.au/ https://www.qml.com.au/Portals/0/TRM/1466_QT_CoronavirusACC_Hublist_Feb20_V6.pdf https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/take-action/testing-and-fever-clinics
WA	https://healthywa.wa.gov.au/coronavirus
VIC	https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19
SA	https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+topics/health+topics+a+-+z/covid+2019/covid-19+response/covid-19+clinics+and+testing+centres
TAS	https://www.health.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus
NT	https://securent.nt.gov.au/alerts/coronavirus-covid-19-updates

6.2 Personal Protective Equipment:

This advice is based on the *Communicable Diseases Network of Australia* interim recommendations for the use of Personal Protective Equipment (PPE) during hospital care of people with COVID-19. While these recommendations are intended for hospital personnel who enter a clinical space with COVID-19 patients, including ward persons, food delivers, cleaners and clinical personnel, they are also relevant for treatment cases in RAC and hospital at home patients.

Background: although Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which causes COVID-19 has spread rapidly in mainland China, there has been limited transmission elsewhere i.e. containment precautions have been mostly successful to date. At the time of writing, the crude mortality (~2%) in China is based on laboratory confirmed cases; many milder cases are almost certainly not being tested and the mortality is likely to be lower. Most cases in Australia have been relatively mild but a small number of deaths has been reported outside of mainland China. While a number of healthcare-associated infections have been reported with COVID-19 (in healthcare workers and patients) – as occurred with SARS and MERS – the risk for COVID-19 is likely to be very low, when infection control precautions are adhered to correctly.

(i) General principles

- Standard precautions including hand hygiene (5 moments) for all patients with respiratory infections. Patients and staff should observe cough etiquette and respiratory hygiene

- The use of nebulisers should be avoided and alternative medication administration devices (e.g. spacers) used
- Waste should be disposed in the normal way for clinical waste

(ii) Transmission-based precautions for patients with suspected or confirmed COVID-19

- Contact and droplet precautions can be safely used for routine care of patients with suspected or confirmed COVID-19
- Long-sleeved gown
- Surgical mask
- Face shield or goggles
- Disposable nonsterile gloves when in contact with patient (hand hygiene before donning and after removing gloves)