

CALHN COVID-19 Contact Tracing:

Positive Health Care Worker (HCW) OR Positive Patient without precautions or visitor advises they were positive within 72 hours of visiting

Positive COVID-19 result for: **HCW (staff) or positive patient with no precautions** in place or positive **visitor within 72 hrs of visiting**. Period of incubation: Up to 14 days before symptom onset. Period of infectivity: 72 hours before symptom onset until meets clearance criteria. Period of contact tracing 72 hours before symptom onset until isolated in precautions.

1. Advise:
 - a. Clinical Worker health and Safety (CWHS) PH: 0438 976 481 **AND**
 - b. Infection Prevention and Control Unit (IPCU) PH:SD 81327 or 0421 899 376 **AND**
 - c. Infectious Diseases (ID) via switchboard **AND**
 - d. Nurse Unit Manager (NUM) or After-hours Coordinator (AHC) /delegate RAH:SD 41460 QEH:0409 985 282

2. Urgent huddle / teleconference with NUM / AHC/ CWHS / IPCU /ID/delegate to confirm next steps.
Note: the following steps may occur concurrently

3. Assess initial risk and implement mitigating strategies eg isolate positive case, implement droplet precautions for contacts. Gather initial facts. Ensure home team is aware if patient is at risk of exposure.
4. IPCU / delegate arrange meeting of key stakeholders – “investigation team “; CWHS, Nursing & Medical Leads, ID consultant, IPCU.
5. Appoint lead investigator, Investigate incident, develop communication and action plan.
Ensure communication plan includes advising affected and unaffected staff / areas
6. Identify criteria for staff and patient close and casual contacts using CDNA National guideline and expert advice
7. Lead investigator to notify Executive. If outbreak identified then assess if extra resources required/escalate to exec.
8. IPCU notify CDCB, obtain name of CDCB investigator and arrange cross communication of information with CALHN Investigation Team and report back

9. CWHS:

- a. Complete CALHN HCW index case interview form and contact tracing spreadsheet
 - b. Send interview form to IPCU for patient and visitor contact tracing,
 - c. advise staff being isolated / tested / self-monitoring.
 - d. Coordinate notification of staff and management ensuring plan is communicated.
 - e. Provide staff information
10. Follow staff up, arrange testing if required, advise any results, provide isolation information and return to work criteria.
- If further HCW is positive, then follow from step 1 for each staff

9. IPCU :

- a. Complete Positive patient / visitor investigation form (or HCW form) and Contact tracing spreadsheet.
 - b. Coordinate patient contact tracing, advise testing and isolation ensuring plan is communicated.
 - c. Discuss visitor contacts / exposure with CDCB
 - d. Provide consumer information
10. Follow **CALHN IPCU COVID-19 Contact Tracing: Patient (and visitor)** flowchart for follow up of inpatients, outpatients and visitors.
If further patient or visitor is positive, then follow from step 1 for each case

9. NUM/AHC:

- a. **Commence** contact tracing spreadsheet/s for HCW and patient / visitors check rosters to identify staff and patient contacts.
- b. Liaise with IPCU and CWHS for contact criteria and provide list of staff, patient & visitor contacts, UR, address, phone number and exposure dates/ time/area.
- c. CHECK: HCW Sign-On Sheets, Rosters, Nurses, Allied Health, Doctors, Medical Imaging, Pathology, Pharmacy, Env Services (PSA & Cleaners), Admin, volunteers, contractors, Students / Trainees, Chaplains, visitors / carers / family etc.
- d. lodge SLS report
10. Cross check lists

11. All staff / areas: Implement strategies to prevent further cases. Communicate action plan/s. Review with ID/IPCU, CWHS, NL & NUM .Complete investigation

12. Once the investigation is complete. Provide a summary report to investigating team, Command and relevant staff/ services. IPCU / delegate to arrange debrief meeting (if required).