

# Primary Care Contact Management (Furlough) Guidance for GPs

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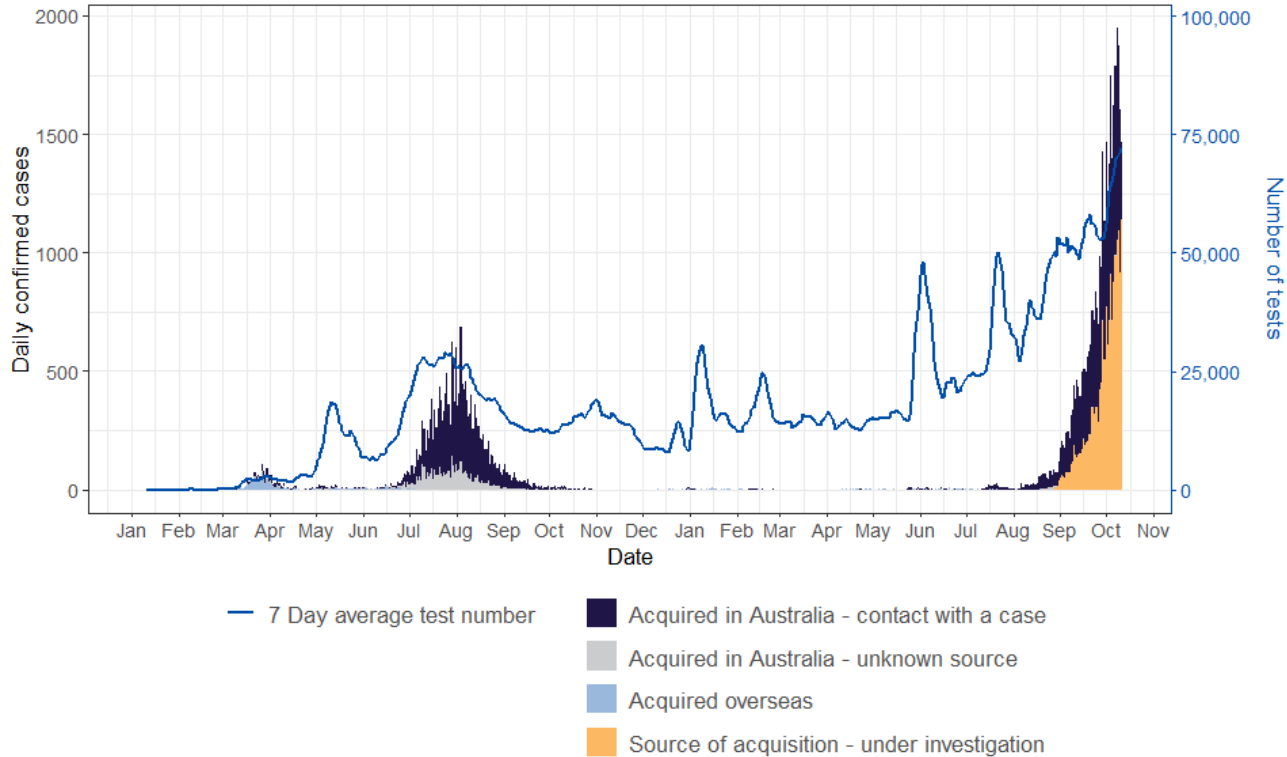
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# Current Victorian epidemiology – cases and tests (12/10/21)



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# What are we seeking to avoid?

THE AGE

National Coronavirus pandemic

## COVID clinic closures frustrating Victorian GPs

[REDACTED] forced to close [REDACTED] clinic twice in recent weeks, including for several days after an asymptomatic patient tested positive about a week after visiting his practice.

Dozens of medical clinics have been shut across the state in recent months as COVID-19 infections swell beyond 1000 new cases each day. [REDACTED]

[REDACTED] doctor [REDACTED] said it took nine days for Victoria's Health Department to contact him after a pre-symptomatic patient with COVID-19 visited one of his clinics.

# Outbreaks in GP clinics (26 May 2021 to 8 Oct 2021)

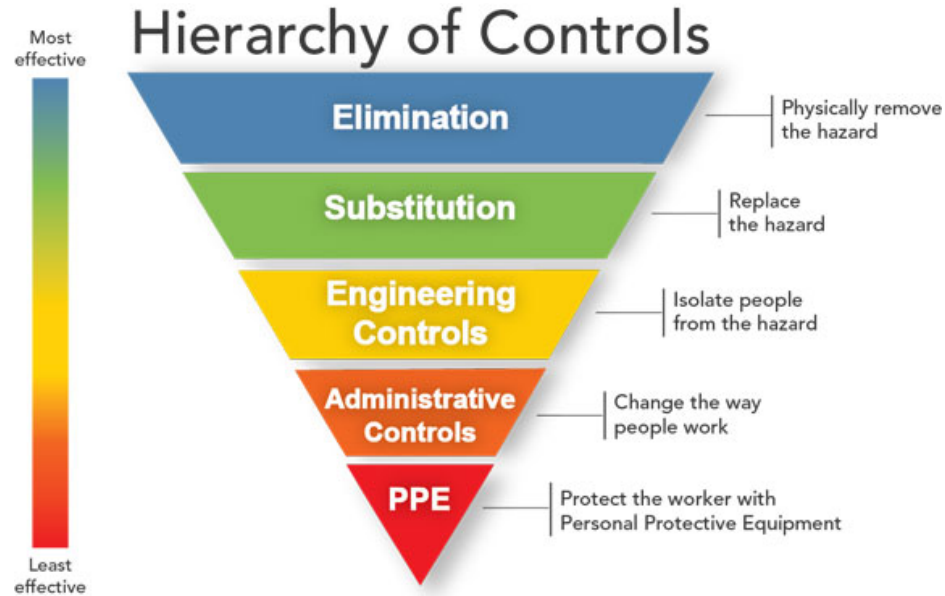
- Within the 19 outbreaks in GP settings:
- 132 cases (6.95 cases on average per outbreak)
- 5 cases in healthcare workers
- 3 deaths:
  - 2 in patients (one of whom acquired their infection from a household member and one who likely acquired their infection at the GP clinic outbreak) and:
  - 1 in a household contact.
- 1,296 close contacts

# Local Public Health Units (LPHUs)

- Local Public Health Units established within health services
- Contact tracing is now decentralised in LPHUs – hub and spoke model
- This allows local knowledge to lead local contact tracing activities



# What can we control?



# New contact management approach

- Contact management decisions are based on local epidemiology, effectiveness of COVIDSafe Plans and PPE and other screening and prevention measures including vaccination
- This uses a risk stratified model based on assessment of the exposure and contacts' risk rather than the former broad approach
- Vaccination status and use of PPE now considered – vaccination is mandatory in GP settings
- Rapid contact identification and initial action to be taken by general practice using matrix
- Department of Health and/or Local Public Health Units will issue quarantine and exemption notices



NB: All exposure category decisions are based on a local risk assessment

Contact = Any person, including staff who have contact with a confirmed positive case of COVID-19

High-risk and moderate risk = Primary Close Contact

Low risk and baseline risk = Casual Contact

Case = Any confirmed positive case of COVID-19 (staff or other)

## EXPOSURE EVENT SCENARIO

The exposure event is contact with a confirmed case of COVID-19 in their infectious period<sup>¶</sup>

1. The GP will conduct a risk assessment for each exposure event using the following table and criteria and determine the exposure risk scenario
2. Contacts will be identified as primary close contacts (high and moderate risk), casual contacts (low and baseline risk) and provided to the public health unit
3. A risk assessment should include: the size of a space, the duration of contact, the distance from a case and the ventilation in the area<sup>^</sup>

No Exposure	<p><b>Low Risk Scenario:</b></p> <p>Distanced (&gt;1.5m) and transient (&lt;1 minute)</p> <p>OR distanced (&gt;1.5m) and non-transient (1-15 minutes) in a medium indoor space<sup>^</sup> (100-300m<sup>2</sup>)</p> <p>OR distanced (&gt;1.5m) and prolonged (&gt;15 minutes) in a large indoor space<sup>^</sup> (&gt;300m<sup>2</sup>) or outdoors</p> <p>OR Face-to-face (&lt;1.5m) and non-transient (1-15 minutes) outdoors</p> <p>And does not meet the criteria for medium or higher risk</p>	<p><b>Medium Risk Scenario:</b></p> <p>Face-to-face (&lt;1.5m) and transient (&lt;1 minute) or non-transient (1-15 minutes) indoors</p> <p>OR distanced (&gt;1.5m) and non-transient (1-15 minutes) in a smaller indoor space<sup>^</sup> (&lt;100m<sup>2</sup>)</p> <p>And does not fit the criteria for higher risk</p>	<p><b>Highest Risk Scenario:</b></p> <p>Direct physical contact (e.g. shaking or contact with embracing, prolonged clinical procedures)</p> <p>OR Face-to-face (&lt;1.5m) and prolonged (&gt;15 min) indoor contact</p> <p>OR Present during an AGP or during AGB<sup>†</sup></p> <p>OR Contact with multiple COVID-19 cases.</p>
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PPE WORN BY HCW & CASE DURING EXPOSURE

Contact: No mask* Case: No mask*	Extremely low risk	Baseline Risk <sup>¶</sup> Fully vaccinated contact	Low Risk Unvaccinated contact	High Risk		High Risk	
Contact: Surgical mask ± eye protection Case: No mask*	Extremely low risk	Baseline Risk <sup>¶</sup> Fully vaccinated contact	Low Risk Unvaccinated contact	Moderate Risk <sup>¶</sup> Fully vaccinated contact	High Risk Unvaccinated contact	High risk	
Contact: Surgical mask ± eye protection Case: Mask	Extremely low risk	Baseline Risk		Low Risk <sup>¶</sup> Fully vaccinated contact	Moderate risk Unvaccinated contact	Moderate risk <sup>¶</sup> Fully vaccinated contact	High Risk Unvaccinated contact
Contact: P2/N95 ± eye protection Case: ± Mask	Extremely low risk	Baseline Risk		Baseline Risk Case: Surgical mask	Low Risk Case: No mask	Low Risk Case: Surgical mask Fully vaccinated contact	Moderate risk Case: No Unvaccinated
Contact: ± Surgical mask Case: P2/N95 ± eye protection	Extremely low risk	Baseline Risk		Baseline Risk Contact: Surgical mask	Low Risk Contact: No mask	Low Risk Fully vaccinated contact	
Contact: P2/N95 ± eye protection Case: P2/N95 ± eye protection	Extremely low risk	Baseline Risk		Baseline risk		Low Risk	
Contact: Full Tier 3 PPE; no breaches Case: ± Mask	Extremely low risk	Baseline Risk		Baseline Risk		Baseline Risk	

	NO RISK	BASELINE RISK (CASUAL CONTACT)	LOW RISK (CASUAL CONTACT)	MODERATE RISK	HIGH RISK
Quarantine?	No Continue to work	No Continue to work	No Continue to work, with additional surveillance testing	Yes Leave workplace as soon as possible (end of shift). Quarantine until day 5 test results are available for the group (if relevant) and assess transmission events in the outbreak. If transmission has occurred outside the high-risk contacts, re-assess as high-risk. If no transmission outside high-risk contacts, potential to return to work	Yes Leave workplace as soon as possible Quarantine as a primary close contact for 14 days from last exposure.
Testing	Be alert to mild symptoms. Test if symptomatic.	Usual surveillance testing of healthcare workers, as per eligibility	Baseline Test and may attend work while result pending. Day 2 test (PCR), may attend work while result pending. Day 5 test (PCR), may attend work while result pending.	Baseline Test (PCR) - quarantine while result pending AND Day 5 Retest (PCR) - quarantine while result pending. AND Day 13 clearance test (may continue to work while result pending) PLUS Day 7, and 9 Test (PCR) and may attend work while result pending OR daily Rapid Antigen Test on each working day OR daily saliva test on each working day	Baseline test (PCR). Quarantine. Day 5-7 retest (PCR). Quarantine. Test at first onset of symptoms on any day Day 13 clearance test (PCR)
					Any staff who develop symptoms must get a throat-nose swab and isolate until their result is known and symptoms have resolved.
Return to work	N/A	Can remain at work	Can remain at work	If baseline and Day 5 tests are negative, may return to work (with an exemption letter from the Department of Health), with additional surveillance testing as above. Outside of work, continue to quarantine as a primary close contact until clearance following Day 13 test.	
Additional PPE Requirements on return to work?	None	None	Can remain at work	Wear an N95 respirator at all times on site without sharing staff only spaces. Continue until clearance following Day 13 test.	
Work across sites?	Yes	Yes. Inform all employers of cross-site details.	Yes, but prefer limiting to a single site. Inform all employers of cross-site details.	No	
		If there is an outbreak at a workplace—i.e. if there is previously demonstrated transmission—even low-risk exposures should limit work to a single site.			

# Scenarios - standard consultation

Exposure event	Worker PPE and vaccination status	Staff management event risk evaluation	
10 min consultation  Socially distanced at 1.5m  Performing abdominal examination on patient  Patient wearing any mask	Full Tier 3 PPE  P2/N95  Fully vaccinated	Quarantine	NO
		Testing	Usual surveillance testing of healthcare workers, as per eligibility
		Return to work	Can remain at work
		Additional PPE on return to work	No additional
		Work across sites	Yes, Inform all employers of cross-site details.
	Surgical mask +/- eye protection  Partially vaccinated or authorised exemption	Quarantine	Yes
		Testing	Baseline Test (PCR ) AND Day 5-7 (PCR) AND Day 13 clearance test (PCR).
		Return to work	Quarantining throughout, until Day 13 clearance test is negative
		Additional PPE on return to work	None
		Work across sites	N/A

For both risk evaluations - Any staff who develop symptoms must get a throat-nose swab and isolate until their result is known and symptoms have resolved.

# Scenarios - Long consultation

Exposure event	Worker PPE and vaccination status	Staff management event risk evaluation	
Prolonged consultation >15 minutes  Close contact examination or procedure  Patient wearing any mask	<b>Surgical mask &amp; eye protection,</b> fully vaccinated	<b>Quarantine</b>	14 days (but may return to work if Day 5 test is negative and given exemption-still required to quarantine for 14 days outside work)
		<b>Testing</b>	Baseline Test (PCR) AND Day 5, 7, 9 (PCR) AND Day 13 clearance (PCR) test
		<b>Return to work</b>	If baseline and Day 5 tests are negative AND exemption provided, may return to work with additional surveillance testing as above
		<b>Additional PPE on return to work</b>	N95 mask at all times on site without sharing staff only spaces
		<b>Work across sites</b>	NO
	<b>N95 mask &amp; eye protection,</b> fully vaccinated	<b>Quarantine</b>	NO
		<b>Testing</b>	Baseline Test (PRC) AND Day 2, 5 (PCR); may attend work while result pending
		<b>Return to work</b>	Can remain at work
		<b>Additional PPE on return to work</b>	None
		<b>Work across sites</b>	Yes, (prefer limiting to a single site. Inform all employers of cross-site details.

For both risk evaluations - Any staff who develop symptoms must get a throat-nose swab and isolate until their result is known and symptoms have resolved.

# When to seek exemption for moderate risk PCCs to return to work after negative Day 5 test

- If practice is significantly impacted by furlough, an exemption can be sought for those staff who meet the moderate-risk criteria
- Practice to discuss with the LPHU managing the outbreak who will issue the exemption to the PCC following a Day 5 negative test
- Exemptions are not automatic – outbreak dependent and only for moderate risk PCCs
- **ALL** PCCs still require Day 13 negative test to be cleared from quarantine regardless of exemption
- Other issues as needed

# New clearance processes for exposure sites

GP practices no longer need to receive clearance from the department to reopen following closure.

GP practices still need to work through the steps for reopening, including:

- undertaking required cleaning, and
- submitting contact tracing log details to the department, but can reopen upon completing these tasks without formal clearance

For more details:

[Case alerts - public exposure sites | Coronavirus Victoria](#)

## On this page

What you need to do

[About exposure sites](#)

↳ [Exposure site table](#)

↳ [Exposure site map](#)

My business is a Tier 1 exposure site

[My business is a Tier 2 exposure site](#)

[Interstate exposure sites](#)

# Priority telephone support for GPs

- Call the Communicable Disease Control (CDC) Hotline:
  - 1300 651 160
  - Press 4 for 'medical practitioner - this is a priority line.
  - Triage will then assess and transfer/re-direct to the CCOM central team or LPHU that is managing the exposure site.

# Covid cleaning guidelines

- Cleaning guidelines for workplaces available:  
<https://www.coronavirus.vic.gov.au/preventing-infection-workplace>
- Routine cleaning plus cleaning of high-touch surfaces in communal/high traffic areas should be performed twice/day
- Guidelines have a tiered table of cleaning requirements based on exposure site and time since exposure
- Deep cleaning now only required for high-touch surfaces and shared equipment (where the case has visited) that are not included in the daily cleaning schedule



# Covid cleaning guidelines

- A workplace's regular cleaner can undertake deep cleans (in line with cleaning guidelines), NO need for external contractors.
- Cleaning rebate information: <https://business.vic.gov.au/grants-and-programs/covid-safe-deep-cleaning-rebate>
  - 80% of cleaning costs capped at \$10,000 for a total cleaning cost of \$12,500.
  - The rebate will become redundant as deep cleaning elements should be absorbed into the normal daily cleaning program/provider.

# Primary care planning links and resources

**Primary care guidance:** <https://www.dhhs.vic.gov.au/primary-care-guidance-response-covid-19-risks>

- Contact assessment and management guidance
- Exposure site information
- Links to cleaning guidance
- Links to infection prevention and control support guidance
- Personal protective equipment (PPE) information and links
- List of strategies to help minimise exposure in primary care settings
- Free Infection Prevention Helpline Service available for general practice  
Call 1800 312 968 9am –5pm weekdays, or <https://www.murrayphn.org.au/ipc/>
- Links to staff support resources for health and wellbeing

# Mandatory COVID-19 vaccinations in GP settings

From 15 October 2021, in order to work in a healthcare setting, you must be able to provide evidence to your employer that you:

- are fully vaccinated with two doses of the COVID-19 vaccine, or
- haven't received any doses but have a booking to receive your first dose by 29 October 2021, or
- have a medical exemption evidenced by an authorised medical practitioner

**From 26 November 2021, the requirement will increase to having had two doses or a medical exception**

# What does this mean as employer in GP setting?

From 15 October 2021, workers in this setting if they are not vaccinated nor have a valid exception, then the person may not enter the premises

The employer must take reasonable steps to prevent their entry

Further guidance for both employers and workers:

<https://www.coronavirus.vic.gov.au/information-workers-required-be-vaccinated#healthcare-settings>

# Very limited reasons for authorised medical practitioners to provide a medical certificate for a temporary exception

Medical exemption may be granted if a person is unable to be vaccinated because they:

- have a **medical contraindication to COVID-19 vaccines**, or
- have an acute medical illness, including COVID-19 infection for up to 6 months (or earlier if the medical practitioner specifies an earlier date).

**Medical contraindication means** one of the following contraindications to the administration of a COVID-19 vaccine:

- a. anaphylaxis after a previous dose;
- b. anaphylaxis to any component of the vaccine, including polysorbate or polyethylene glycol
- c. in relation to AstraZeneca:
  - i. history of capillary leak syndrome;
  - ii. or thrombosis with thrombocytopenia occurring after a previous dose;
- d. in relation to Pfizer or Moderna:
  - i. myocarditis or pericarditis attributed to a previous dose of either Pfizer or Moderna or the occurrence of any other serious adverse event that has:
  - ii. been attributed to a previous dose of a COVID-19 vaccine by an experienced immunisation provider or medical specialist (and not attributed to any another identifiable cause); and been reported to State adverse event programs and/or the Therapeutic Goods Administration

Medical exemptions are determined by [ATAGI clinical guidelines](#)

# Thank you for participating tonight

Department of Health and RACGP's next webinar  
Wednesday 27th October 2021, 6pm- 7pm



Department  
of Health

For the latest information [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

Information is available in 50+ community languages at [www.dhhs.vic.gov.au/translations](http://www.dhhs.vic.gov.au/translations)

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