Assessing Staff contacts of COVID-19 in NHS acute healthcare settings

This flowchart should be used by Health Protection Teams (HPTs), Occupational Health Services (OHS) and Infection Prevention and Control Teams (IPCTs) aiming to apply some consistency in approach to assessment of staff contacts within healthcare and state health and care settings.

There may be additional considerations required in different situations and ultimately the IMT must risk assess the level of exposure and any further action to take (for example asymptomatic testing). The flow chart below aims to assist this process.

It may be used when assessing any potential staff exposure(s) during delivery of clinical care to patients within the clinical setting or potential exposures in staff only environments (such as office spaces, canteens, etc). There may have been several exposures during the infectious period.

When using this flowchart, **please ensure that you refer to the footnote at each stage** to ensure the preventative controls identified are robust and to safely allow the staff member to remain at work.

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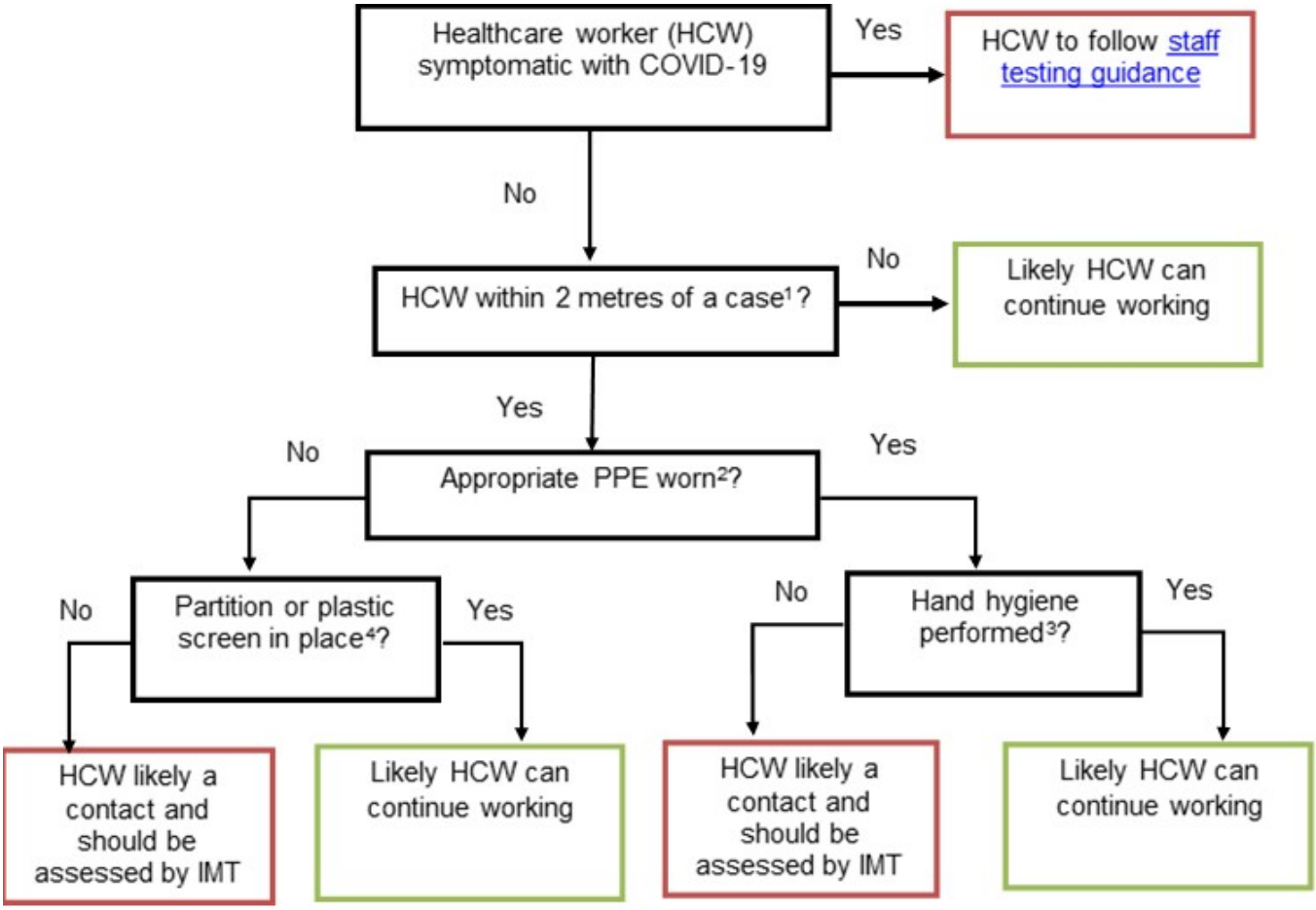
ARHAI Scotland
Antimicrobial Resistance and Healthcare Associated Infection

Assessing staff contacts in acute settings



Link to staff testing guidance

Footnotes:

1. Was the staff member within 2 metres of the confirmed case who has tested positive for coronavirus (COVID-19)? If the staff member is unsure about the proximity of contact, assume that they **were** within 2 metres. No timeframe should be applied to the length of the exposure however it is reasonable that walking past a case in transit would not be considered an exposure.

2 Within healthcare settings, staff should have had training on Standard Infection Prevention and Control Precautions (SICPs) and understand the risk assessments associated with PPE selection. It is important that any PPE worn at the time of the exposure is certified PPE and meets specific required standards. All PPE ordered through the National Distribution Centre (NDC) meets these required standards. Face coverings are not considered appropriate PPE. It is important that there were no breaches in PPE during the exposure.

PPE must have been worn as follows during the exposure (s);

- **Confirmed case was asymptomatic at time of exposure:** A fluid resistant surgical mask (FRSM) must have been worn by the staff member at the time of the exposure.

NB. Face coverings are not considered appropriate PPE.

- **Confirmed case was symptomatic at time of exposure**: A fluid resistant surgical mask (FRSM) and eye/face protection must also have been worn by the staff member.
- **Confirmed case had an AGP undertaken at time of exposure:** An FFP3 respirator, Eye/face protection, a fluid resistant long sleeved gown and gloves must have been worn by the staff member.

3 Indirect transmission to a HCW is possible where the HCW touches their own mucous membranes with contaminated hands and therefore good hand hygiene is also essential (hand hygiene should include the forearms if HCW has any known droplet contamination to forearms). COVID-19 cannot transmit through the skin and therefore skin to skin contact should not be considered an exposure where the staff member has adhered to hand hygiene as per SICPs and WHO 5 moments for hand hygiene (4 moments for HH in care home settings) described in the National Infection Prevention and Control Manual (NIPCM).

4 If there was a partition separating the case and the staff member, for face-to-face interactions, as a minimum, partitions/screens should cover both individuals breathing zone, which encompasses a radius of 30cm from the middle of the face. It is also important to account for a seating or standing position. **It may be necessary to risk assess any partitions and screens to establish if it adequately prevented exposure**.