

# CALHN COVID-19: Contact Tracing & Outbreak Management – (Includes After Hours Information)

This guide is for managers use to assess patients and staff risk where exposure to COVID-19 occurs. Follow up actions are outlined on the following pages.

**Infectious period:** up to 48 hours before symptom onset, or if asymptomatic 48 hours prior to positive specimen.

**Incubation period:** up to 14 days (median 5-6 days, [BA.1 sub-lineage estimated average: approximately 3 days](#)).

**Calculating days:** date of positive test = day 0

## Positive Case

- **Positive patient** requires **enhanced respiratory precautions and isolation in a single room with dedicated ensuite**. If RAT positive, arrange PCR ASAP (Rapid gene expert may be indicated if urgent result required).
- **Add ERP Isolation order in EMR.**
- **Positive staff** follow [CALHN staff furlough table](#).
- **Positive visitor** follow SA Health advice.

Additional information is available in [IPCU: COVID-19 \(SARS-COV-2\) – Management Guide PRC05409](#).

## COVID-19 Contacts

Where patient contacts are identified ensure:

- CALHN COVID-19 Contact Tracing Form is completed and emailed to Infection Prevention and Control Unit [Health.CALHNinfectionPreventionandControlUnit@sa.gov.au](mailto:Health.CALHNinfectionPreventionandControlUnit@sa.gov.au)
- ERP isolation order is placed in EMR for all current inpatients.
- PCR testing is undertaken.
- Follow scenario boxes 1-5 on the following pages.

## Exposure Criteria

**A contact of a RAT or PCR positive staff member, patient or visitor requires follow up if the following exposure criteria is met:**

- 4 hours cumulative time spent together during the infectious period  
AND
- No mask worn by either the case or the contact  
AND
- Less than 1.5m OR patients in a share room/ bay

## Actions

## Recommended scenario actions **1-5** below:

### Ward/Wing Team leader/Shift coordinator advise:

- After Hours Hospital Coordinator (AHHC) or bed flow manager (BFM)
- Infection Prevention and Control (IPCU) – if After Hours leave a message.
- Medical Home Team

### Complete the following:

- Isolation order on EMR for positive case (Select ERP- COVID-19 Confirmed)
- Isolation order on EMR for contacts (Select ERP- COVID-19 Quarantine Requirement/Epidemiological Risk)
- Commence Contact tracing (use form below and add names)
  - i. Check daily lists to identify contacts, including those who are now in another room, ward or discharged. This includes 48 hours prior to symptom onset or positive result. Add them to the form, scan and [email](#) to IPCU.
  - ii. Implement ERP/isolate and PCR swab for any inpatient contacts that are identified including those transferred to other areas.
  - iii. Advise any RACFs /other hospitals if contacts discharged.
- Liaise with IPCU (ID after hours) for further advice and management if required.
- Refer to [CALHN IPCU COVID-19 Testing and Clearance flowchart for follow up of inpatients](#) and [CALHN PROC 5409 COVID19 \(SARS-COV-2\) Management guide](#).

### Medical Home Team

- Consider if positive patient requires COVID 19 antiviral therapy – prescribe as per PBS criteria and CALHN guidelines or liaise with ID on call if required.
- Ensure day 0/1 PCR swabs taken and day 3 and 6 ordered for close contacts- daily RAT tests also required for hospital identified close contacts. Note: Day 0 is last day of exposure.
- Advise any close contacts that have been D/C home.

**1.** If a **close contact**-commence ERP & single room. PCR days 0/1, 3 & 6. If Negative PCR & RAT on day 3 **AND** asymptomatic then lift ERP. Daily RATs for 7 days.

**2.** If patient is RAT positive & Rapid **PCR is still pending**- ERP & single room AND place the bay contacts on ERP. Avoid admitting to bay whilst awaiting the PCR result.

- If PCR is positive, follow box 3 below.
- If PCR is negative and patient has symptoms, full panel Resp PCR may be required and ERP to be maintained on the patient and on the bay, contact IPCU.
- If **PCR is negative and has no symptoms** then the patient may return to the bay and ERP can be lifted, **provided they are not considered a close contact (see box 1).**

**3.** If patient is **PCR positive, bay contacts require a risk assessment.**

- If contacts are **symptomatic**, treat as close contact & follow box 1.
- If contacts are asymptomatic, place the bay on ERP and arrange RAT & PCR testing (Rapid gene expert may be indicated if urgent result required). PCR days 0/1, 3 & 6 & daily RATs. If the day 3 PCR & RAT is negative AND remain asymptomatic, then ERP may be lifted, & the bay opened.
- A day 6 PCR is also required & Daily RATs for 7 days.

**4.** If patient has signs & symptoms of COVID-19 or other respiratory illness then arrange PCR testing, ERP, single room and follow box 2 above

**5.** If patient is a close contact & discharged then they should follow current [SA Health advice for close contacts](#)

If the source of the positive case is unknown, perform RAT on all patients in that ward/area. Ongoing RAT may be required. Contact IPCU for the duration of testing.

### IPCU follow up during business hours:

- Advise re: patient contacts, review testing and isolation *Advise as per* [CALHN IPCU COVID-19 Testing and Clearance flowchart](#)
- Outbreak Management

## Additional Information for outbreak and communal areas

### If ward outbreak (2 or more linked confirmed PCR cases) identified (note: inpatient mental health areas, Hampstead and CALHN Repat – see separate sections on next page):

- PCR test ward (if not undertaken already). Full panel PCR may also be required to detect other respiratory viruses.
- Increased testing may also be required: Daily RAT testing for 7 days, PCR testing days 0/1, 3 and 6. This may extend if further cases occur.
- Ward contacts to be managed under ERP.
- Avoid transfers out of the ward unless clinically indicated e.g., up-transfer to ICU– if this occurs then ensure testing continues and ERP to be commenced if not in place already as per close contact step 1. above.
- Can usually discharge to home.
- Ward may need to be closed to admissions, if this occurs then a plan to review this is also required. Consultation with IPCU and Executive is required. If after hours, then ID and AHHC.

**All mental health inpatient area's (Glenside/ TQEH/ RAH):**

- Isolate positive COVID consumers in a single room (including signage), assess for antivirals and /or transfer to COVID-19 area. Escalate any isolation breaches to mental health leadership.
- Assess the risk to other consumers e.g., communal activities (including sharing of cigarettes), use of communal areas e.g. dining room.
- If risk to others is identified: PCR the ward. Commence Daily RAT testing for 7 days if not currently performing alternate day RATs. Full panel PCR may also be required to detect other respiratory viruses.
- If 2 or more cases** are identified increased testing is usually as follows: Daily RAT testing for 7 days, PCR testing days 0/1, 3 and 6. This may extend if further cases occur.
- Coordinate patient contacts, review testing, results, and isolation including Isolation orders on EMR, plus PCR lab results.
- Follow [CALHN IPCU COVID-19 Testing and Clearance flowchart](#)
- Outbreak Management – encourage consumer contacts to isolate in rooms where possible, wear surgical mask, support consumers with hand hygiene, modify / cease communal activities / areas. Staff should wear N95 masks/ protective eyewear or as directed by CWHS.
- Avoid transfers out of the ward unless clinically indicated – if this occurs then ensure testing continues and ERP is to be commenced if not in place already as per close contact step 1. above.
- If consumer is identified as a close contact and transferred to ECT, ensure ERP is implemented.
- Can usually discharge to home.
- Ward may need to be closed to admissions, if this occurs then a plan to review this is also required. Consultation with IPCU and MH Executive is required. If after hours, then ID and MH Executive on call/delegate.
  - Review risk to new admissions.
  - Review risk to visitors.

**Hampstead/ CALHN Repat/ TQEH Rehab: 1 or more COVID cases in a ward/unit where there are communal areas:**

- Isolate positive COVID patients in a single room (including signage), assess for antivirals and transfer to COVID-19 area/ acute care if required. Escalate breaches to rehabilitation leadership.
- Assess the risk to other patients e.g., wandering patient, communal activities, use of communal areas.
- If risk to others is identified: PCR the ward. Commence Daily RAT testing for 7 days if not currently performing alternate day RATs. In some instances, one or two bays may only need to be tested if the positive case has not attended communal activities / areas or wandered.
- Isolate close contacts as determined by the exposure criteria on pg.1 (as much as possible) in single rooms.
- Coordinate patient contacts, review testing, results, and isolation including Isolation orders on EMR, plus PCR lab results.
- Follow [CALHN IPCU COVID-19 Testing and Clearance flowchart](#).
- If 2 or more cases** are identified increased testing is usually as follows: Daily RAT testing for 7 days, PCR testing days 0/1, 3 and 6. This may extend if further cases occur.
- Outbreak Management: Encourage patients to wear surgical mask if outside of room, assist patients with hand hygiene, modify/ cease communal activities/ areas. Staff should wear N95 masks/ protective eyewear or as directed by CWHS.
- Avoid transfers out of the ward unless clinically indicated – if this occurs then ensure testing continues and ERP is to be commenced if not in place already as per close contact step 1. above.
- Can usually discharge to home.
- Ward may need to be closed to admissions, if this occurs then a plan to review this is also required. Consultation with IPCU and Executive is required. If after hours, then ID and AHHC.
- Review risk to new admissions.
- Review risk to visitors.
- Review needs for air-conditioning adjustment.
- Review bays – ERP, isolation, who can group cohort.
- Review risk for weekend leave requests. Patient requires RAT on return. Review risk for overnight leave requests.

**OFFICIAL: Sensitive**  
**CALHN COVID-19 Contact Tracing Form**

To be completed by Team Leader/Shift Coordinator/After Hours Hospital Coordinator/Bed Flow Manager as a priority during current shift. Complete details for all contacts within the infectious period, i.e., 48 hours prior to symptom onset or specimen date if asymptomatic.

Return to Infection Prevention and Control via [email](mailto:Health.CALHNinfectionPreventionandControlUnit@sa.gov.au) as soon as completed: Health.CALHNinfectionPreventionandControlUnit@sa.gov.au

**Date:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

**Positive Case Details-**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **URN:** \_\_\_\_\_  
**Patient or Staff or Visitor:** \_\_\_\_\_ **Area of exposure:** \_\_\_\_\_ **Positive specimen date:** \_\_\_\_\_  
**Exposure Details:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Current Ward and bed number:** \_\_\_\_\_

Patient Name	URN	Date of Birth	Exposure Date	Exposure Location i.e., Bed Number	Current Ward and Bed Number/ Discharge Destination	Patient Phone Number