

Appendix for Home Community Support Services (HCSS) COVID-19 Exposure Prevention and Event Management

16 February 2022

This appendix is intended to support implementation of the risk assessment and categorisation of healthcare workers (HCW) exposed to COVID-19 guidance in the HCSS sector.

Please note, this is not intended to cover situations where a HCW may be a household contact or close contact from exposure outside of the workplace setting or becomes a case themselves. These situations will need local public health advice. This guidance covers HCW COVID-19 exposure in the workplace setting, from clients or other staff.

In the HCSS sector, healthcare workers mainly, but not exclusively, consist of Support Workers (SWs) and Registered Health Professionals (RHPs) who work within client's homes. **This guidance is for use for HCSS providers who hold current certification under their respective service standards and are contracted by the Ministry of Health, Ministry of Social Development, ACC or DHBs.**

It has three parts:

- A. Preparedness and key messages that can assist providers in reducing impacts from exposure events
- B. Process for management of COVID-19 exposure events in HCSS settings
- C. Example scenarios and categorisations based on applying the matrix.

This guidance anticipates that all SWs and RHPs have already had two doses of COVID-19 vaccine as required by the Vaccinations Order (2022) for HCWs. Receiving a booster dose of COVID-19 vaccination substantially reduces transmission risk, compared with a completed primary vaccination series. Boosters are now mandated for HCWs in NZ – those who are eligible for a booster, are required to have this by 24 February 2022. In the meantime, boosted and unboosted staff are both treated as 'vaccinated' for the purposes of this guidance. Staff who are at higher clinical risk if they get COVID-19 should have had an opportunity to disclose this information to employers as appropriate.

A. Preparedness and key messages that can assist providers in reducing impacts from exposure events

Make it easier to undertake a risk assessment of a COVID-19 exposure event by having a 'living' summary of the relevant information about your service. Filling out **Template One (1) of the 'Exposure Events Management Templates'** and reviewing it monthly is an easy way to do that. This relates to Table 1 on page one of the Matrix (*'Factors to consider in risk assessment'*).

As noted in the process below, it is expected that providers inform their DHB Programme Manager to confirm the matrix is being applied appropriately, but there is an expectation of a significant degree of self-management by the provider of the process

Key messages:

1. Screening and triaging of clients must be undertaken prior to the worker attending the home or immediately upon arrival. Clients can be asked to open windows but anticipate that they might not be able to do so.
2. Clients and essential household members (who cannot leave the house) should use face coverings when a HCSS worker enters the house. This is recommended but may not be possible in some settings. Risk can be further reduced for staff if non-essential household members were not in the same room as a staff member.
3. Staff should minimise the time they spend inside the home to undertake the necessary cares, while acknowledging the 'human connection' element to their visit.
4. HCSS staff should wear a medical mask when entering a client's home and be vigilant about hand hygiene. There is increasing emphasis on wearing a 'well fitting' mask. The fit of a medical mask can be improved in various ways (e.g. knotting the ear loops and tucking in the sides of the mask to reduce the 'gaps' in front of the ears. See further: ['Improve how your mask protects you'](#)). Medical masks must be discarded once wet/soiled.
5. For staff entering a home where there is a known COVID-19 case/ contact who is isolating or in quarantine, or where someone has symptoms suggestive of COVID-19, and the visit cannot be deferred, appropriate PPE must be used as per [MoH guidelines](#). Donning and doffing should occur outside the client's home.
6. Where any shared staff breaks or mealtimes occur, staff should be encouraged to avoid indoor shared meal breaks, maintain distancing, eat outdoors if possible, and limit interactions to less than 15 minutes where possible.
7. Any staff who are unwell should get tested and stay home until they receive a negative result and for 24 hours after their symptoms have stopped.

B: Outline of the suggested process for HCSS COVID-19 exposure events using the matrix

A client's home is a less controlled environment compared with hospitals or clinics. When using the risk matrix, by default, the **user must assume higher levels of contact have occurred.**

In HCSS settings, responsibility for the frontline management of these staff, including their return to work, sits with the HCSS provider. Providers must consider their capacity to use the Matrix effectively and ensure that use of the Matrix is documented. **Providers should inform their DHB Programme Manager and (following the expectations previously established as above) to confirm the Matrix is being applied appropriately.**

The suggested process will vary in application based on local, regional and national practices and policies over the next few months as the COVID-19 response planning continues to change and adapt to the Omicron variant. It is important that **providers check in with their DHB on what best suits their regional response.**

There are two templates that support the application of the matrix (attached with this appendix):

- **Template 1a/1b: Exposure Event Management and Risk Record (Word)**
- **Template 2: For recording staff or clients to assess COVID-19 exposure HCSS sector (Excel)**

Process:

1.
 - ask for the case's infectious period; typically, from 2 days before onset of symptoms or if no symptoms, date of positive test. Work out if that staff/client was working/looked after during that infectious period
2. **For staff COVID-19 case, provider:**
 - confirms if staff member worked during their infectious period
 - collates a list of all clients and/or staff who that staff member had interacted with during that period (Template 2)
 - completes Template 1b to summarise the details required to help determine the exposure risk
 - **identified clients'** information must be recorded
 - contact affected clients who are deemed 'close contacts'; inform them to call Healthline for testing and isolation advice. Provider to risk assess if they can continue providing essential cares for these clients
 - **identified staff contacts'** information recorded in Template 2
 - Uses Template 1b details in conjunction with Table 2 in the overall '*Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19*' risk matrix to identify level of exposure risk, which risk category each staff member falls under (I to IV) and determine follow up. It is important to document an exposure event and the information used in decision-making about risk category for staff contacts
 - Updates Template 2
 - Ensures a nominated clinical lead and senior manager (usually a RHP and Clinical Manager) have oversight of this process and draw up a simple management and record keeping plan.
3. **For client COVID-19 case, provider:**
 - confirms which staff member/s visited the client during the client's infectious period
 - collates a list of all affected staff (use Template 2)
 - Completes Template 1a to summarise the details required to help determine the exposure

- Uses Template 1a details in conjunction with Table 2 in the overall 'Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19' risk matrix to identify level of exposure risk, which risk category each staff member falls under (I to IV) and determine follow up. It is important to document an exposure event and the information used in decision-making about risk category for staff contacts. Assume more contact rather than less (the highest degree of contact for that worker category and the interaction). Follow the actions indicated and advise staff member of this
 - Updates Template 2
 - Ensures a nominated clinical lead and senior manager (usually a RHP and Clinical Manager) have oversight of this process and draw up a simple management and record keeping plan.
4. Where testing and follow up of staff who are contacts is necessary (Levels II – IV), follow local protocols to monitor and record this follow up.
 5. Providers should inform their DHB Programme Manager to confirm the matrix is being applied appropriately.

C. Example scenarios and categorisations based on applying the matrix

Scenarios	Group within the scenario	Exposure Risk assessment	Exposure Risk Category	Rationale
<p>Scenario 1: Asymptomatic client confirmed case of COVID-19- receives close personal cares</p> <p>A client usually wearing a face covering is visited by SW three times a week at home - small house, doors and windows usually shut. Each visit is approximately 30-60 min.</p> <p>SW wears a medical mask and gloves.</p> <p>SW usually helps with shower assistance face washing and changing. Clients face cover removed when washing and changing.</p> <p>Client asymptomatic but got tested (e.g. as a contact from a relative's visit) and confirmed positive.</p> <p>SW had visited during client's infectious period.</p> <p>SW is fully vaccinated.</p>	SW in client's home	Highest Risk	Level IV	High risk exposure based on, prolonged face-to-face contact within 1.5 metres and greater than cumulative 15 minutes in 24 hours but made 'highest risk exposure' as likely to have also had direct exposure to mouth/nose/eyes of client whilst showering. SW wearing medical mask and fully vaccinated. Client takes mask off when showering and changing.
	Other clients seen by the SW	n/a	n/a	Other clients are not contacts of a COVID-19 case

Scenarios	Group within the scenario	Exposure Risk assessment	Exposure Risk Category	Rationale
SW has been asymptomatic and is working in other clients homes.				
<p>Scenario 2: HCSS SW is COVID-19 positive</p> <p>SW is fully vaccinated and has been working with clients whilst wearing a medical mask. Has worked with multiple clients during infectious period. Staff member is asymptomatic.</p> <p>Review of shifts shows that three clients seen during SW's infectious period. Cares provided involve close contact and up to 30 min or longer per home visits. None of the clients or family members in the same shared house wear face coverings. Unknown vaccination status of client. All three households had other people living in the same household- who were there when staff member visited.</p> <p>SWs also has shared a lunch break with another staff member during their infectious period. It was outside in a park for 30 min and no mask used but approximately 1.5 metres apart. Other staff member fully vaccinated.</p> <p>SW went into Provider Offices to collect some PPE over the week. Has worn a mask on site. Was in office space for 20 min and social distancing maintained (> 1.5m). All staff in offices use masks and are fully vaccinated.</p>	The three clients	n/a	n/a	Close Contacts of a Confirmed Case
	Other household members living within the household of the clients	n/a	n/a	Household Contacts of a Close Contact
	Another Staff member who shared a lunch break	Low risk exposure	Level I	Low risk exposure based on exposure outdoors, approximately 1.5m for 30 minutes & no AGP/AGB. No mask use, but other staff member fully vaccinated.
	Provider Office staff	Low risk exposure	Level I	Low risk as shared indoor space but in general, more than 1.5m apart and under 30 minutes cumulative in 24 hours. Both sides used masks and all staff in offices are fully vaccinated.
	Household members of the	n/a	n/a	Household Contacts of a Confirmed Case

Scenarios	Group within the scenario	Exposure Risk assessment	Exposure Risk Category	Rationale
	Staff who is the confirmed Case			
<p>Scenario 3: Symptomatic client confirmed as COVID-19 case – receives household management cares only</p> <p>A client with a chronic respiratory condition and was known to cough often, developed a worsening cough. However the client deteriorated and was tested on admission to hospital. Client was unvaccinated and does not usually wear a face covering.</p> <p>SW only provides ‘household management’ cares and does not provide close personal cares. SW wears medical mask and maintains 1.5 m social distancing the entire time in the home and is often in another room to the client most of the time.</p> <p>SW had been in client’s house during the client’s infectious period. Was there twice a week and spends around 30 min there each time. The SW is fully vaccinated.</p>	SW in client’s home	Moderate Risk	Level I	Moderate risk exposure based on, shared indoor space more than 1.5m away for greater than cumulative 30 mins in 24 hours. SW wearing medical mask and fully vaccinated.
	Other clients seen by the SW	n/a	n/a	Other clients are not contacts of a COVID-19 case