

# Contact assessment and management guidance: Workplaces, business and industry

COVID-19 Public Health Division

Intelligence, Case Contact and Outbreak Management

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## SCOPE

This guidance on contact risk assessment and management is for use by workplaces, business and industry settings. This may include but is not limited to, for example, offices, hospitality venues, supermarkets, warehouses, construction sites and public transport depots.

The guidance should be used by DH and LPHU staff, businesses and members of the public to guide assessment and management of situations where an infectious case has attended a business, industry or workplace setting.

**The guidance does not apply to contacts or exposures in households or sensitive settings -** schools, healthcare (hospital and community-based health), residential facilities including aged care, correctional centres or other settings where cases and contacts interact frequently with people at high risk of severe illness.

The guidance has been updated to reflect recent changes to contact management and will be adjusted as required in line with the COVID-19 epidemiology and public health response in Victoria.

### **Specific assessment may be required in some circumstances**

This guidance is general. Specific risk assessment and tailored outbreak management by DH and LPHUs may be required in some circumstances in order to assess the actual risk. For example, in settings where significant transmission events have occurred, or other additional risks apply (workforce, operational continuity or community risk).

### **For further information**

Confirmed case in the workplace: *Information and advice for businesses who have a confirmed case of COVID-19 in the workplace* <https://www.coronavirus.vic.gov.au/confirmed-case-workplace>.

To receive this document in another format, call the Coronavirus Hotline 1800 675 398 (press 0 for an interpreter, if required), or contact [coronavirus.vic.gov.au](https://www.coronavirus.vic.gov.au) <<https://www.coronavirus.vic.gov.au/contact-us>>.

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# CONTACT ASSESSMENT AND MANAGEMENT MATRIX

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

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

## EXPOSURE EVENT RISK ASSESSMENT

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

1. The business 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 close contacts or low risk
3. Contacts should adhere to the testing and quarantine requirements for their assessed level of risk (low risk or close contact)

	No Exposure	Lower Risk Exposure Scenario: Contact with a confirmed case in their infectious period <sup>#</sup> that is: Distanced (>1.5m) and transient (<1 minute) <b>OR</b> Distanced (>1.5m) and non-transient (1-15 minutes) in a medium indoor <sup>^</sup> space (100-300m <sup>2</sup> ) <b>OR</b> Distanced (>1.5m) and prolonged (>15 minutes) in a medium indoor <sup>^</sup> space (100-300m <sup>2</sup> ), or a large indoor space (>300m <sup>2</sup> ), or outdoors <b>OR</b> Face-to-face (<1.5m) and non-transient (1-15 minutes) outdoors <i>And does not meet the criteria for medium or higher risk</i>	Medium Exposure Risk Scenario: Face-to-face (<1.5m) and non-transient (<15 minute) <b>OR</b> Distanced (>1.5m) and non-transient (1-15 minutes) in a smaller indoor space (<100m <sup>2</sup> ) <b>OR</b> Distanced (>1.5m) and prolonged (>15 minutes) in a small (<100m <sup>2</sup> ) indoor space <i>And does not fit the criteria for higher risk</i>	Higher Exposure Risk Scenario: Direct physical contact (e.g., shaking hands or other physical contact) <b>OR</b> Face-to-face (<1.5m) and prolonged (>15 minutes) indoors (any size of space) <b>OR</b> Distanced (>1.5m) and very prolonged (>1 hour) in a smaller indoor space (<30m <sup>2</sup> ) e.g., a storeroom or small office		
Masks <b>not</b> worn*	Extremely low risk	Low risk	Close Contact <sup>a</sup> Fully vaccinated contact	Close Contact Unvaccinated contact	Close Contact <sup>a</sup> Fully vaccinated contact	Close Contact Unvaccinated contact
Masks worn	Extremely low risk	Low risk	Low risk Vaccinated	Close Contact Unvaccinated contact	Close Contact <sup>a</sup> Fully vaccinated contact	Close Contact Unvaccinated contact

<sup>#</sup>A case's infectious period should be taken 48 hours before onset of symptoms until medical clearance. If a case is asymptomatic, they should generally be assumed infectious from 48 hours before the initial positive test.

\* Mask not worn by either the case or contact. Incorrect mask use or a medical mask exemption is to be considered the same as 'no mask'.

<sup>^</sup> An indoor space is an enclosed area where airflow is impeded by a wall or partition.

<sup>a</sup> Fully vaccinated is defined as completion of vaccination schedule as per DH guidelines (e.g., 2<sup>nd</sup> dose of Pfizer, AstraZeneca or Moderna vaccine). People who have not completed the schedule, are ineligible or have a medical exemption are considered unvaccinated

Note: time periods are cumulative across a period of one day, e.g., two separate 10-minute exposures should be assessed as a "prolonged" (>15 min) exposure

## QUARANTINE AND TESTING REQUIREMENTS

What you need to do	Low risk (and extremely low risk)	Monitor for symptoms. Seek testing (PCR) if you are symptomatic.
	Close contact – fully vaccinated	Fully vaccinated non-household** close contacts should quarantine for 7 days from the date of last exposure to an infectious case of COVID-19. Seek PCR testing on Day 6.
	Close contact – unvaccinated	Unvaccinated/under-vaccinated close contacts should quarantine for 14 days from the date of last exposure to an infectious case of COVID-19. Seek PCR testing on Day 13.

\*\*Household close contacts must quarantine for 14 days, with a PCR test on Day 13, regardless of vaccination status.

Note: A workplace may consider implementing a Rapid Antigen Testing (RAT) program as an additional public health measure and to support operational continuity. RAT should not be used in place of PCR tests for close contacts.

## THE PRESENCE OF SYMPTOMS REQUIRES TESTING

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