

Top Tips on Understanding the Tier System with Megan Reilly Q&A – Thursday 23 September 2021

Communique One – 28/09/2021

1. **QUESTION: How do I work out what PPE I should wear for each risk rating?**

Refer to the Victorian Health Service Guidance and Response to COVID-19 Risks (VHSGR) which provides guidance relating to PPE use for your health service area risk rating; COVID-19 ready, alert, active and peak. Currently COVID-19 Peak risk rating across the State.

Tier 3 PPE recommended for all exposure, care and contact with low risk suspected COVID as well as high-risk suspected or confirmed COVID cases (during COVID Active or Peak stages) i.e., gown, gloves, P2/N95 respirator and eye protection.

Tier 1 PPE with eye protection for exposure to COVID negative persons (during COVID Active or Peak stages) i.e., surgical mask and eye protection.

2. **QUESTION: I work in the community, and I have attended a house where a +ve person lives but didn't see them and I was out in 20 minutes and wore full PPE, do I have to isolate?**

This scenario would need to be risk assessed to determine the level of risk of transmission/acquisition. However, if full PPE has been worn and you are attending the home to provide essential services knowing there is an infected person present then this would be considered low risk. This would be dependent on whether the recommended infection control precautions have been taken, there has been no infection control breaches, especially of PPE, others in the household you are attending have not been at risk of exposure and/or are not symptomatic, there has been no face-to-face contact with the +ve person and you have spent less than 30 minutes in a closed space. If no breaches have occurred, there is no need to isolate, may continue to work, be alert for symptoms and test if symptomatic. If breaches in PPE have occurred, completion of the online self-assessment form or call the Department of Health (1300 651 160) for risk assessment and guidance to determine the most appropriate action is recommended.

3. **QUESTION: A family member in the same house has identified as a tier 1 what do I do now?**

If someone who lives at home with you has been a close contact to a tier 1 site, then you must also quarantine for 14 days or after the Department of Health has assessed when you can be cleared.

The website states that quarantine will likely be shorter than 14 days, including if your primary close contact gets a negative test result. The only other option to reduce your quarantine time was if your family member was to isolate at a different location and tested negative you would no longer be a primary close contact and can stop quarantining.

4. **QUESTION: If the whole practice wears full PPE (N95 etc) in a high-risk community do we all need to isolate if there has been an exposure and do we need to close the practice?**

If a confirmed case of COVID-19 has attended while they are infectious, notify the Department of Health if they have not already been in contact, and provide all contact information. The Department will determine the exposure site tier level and will risk assess the practice and determine/identify close and casual contacts. Each staff member will need to be assessed

individually for risk level depending on role, contact type and PPE worn. If a Tier 1 exposure site, staff present during the exposure period, may be required to get tested urgently and quarantine for 14 days unless identified as Tier 2 casual contacts and then may only be required to isolate until they have returned a -ve result. If full PPE has been worn and no breaches have occurred, may be classed as low risk with no need to isolate, may continue to work, be alert for symptoms and test if symptomatic. If <72 hours since the infectious case was onsite, the practice must immediately close and perform a comprehensive environmental clean, unless can provide evidence of routine and enhanced twice daily cleaning and disinfection of high touch surfaces the +ve person has been in contact with or the affected area can be closed off to staff and the public while cleaning and disinfection is performed.

5. **QUESTION: Do I need to be wearing a P2/N95 if I am only doing a vaccine clinic?**

No. Patients attending for vaccination should have been screened for clinical and epidemiological risk factors prior to attendance at clinic. Vaccine providers should follow standard precautions, and transmission-based precautions where risk assessment indicates. Tier 1 PPE with eye protection is required for exposure to COVID negative persons (during COVID Active or Peak stages). A P2/N95 is not required. Tier 3 PPE is recommended all exposure, care and contact with low risk suspected COVID as well as high-risk suspected or confirmed COVID cases (during COVID Active or Peak stages) which is unlikely if existing screening procedures are in place.

6. **QUESTION: Are non-respiratory patients coming into general practice (screening questions negative for covid) considered low risk suspected (not negative) which would mean in Melbourne with covid peak risk rating that tier 3 PPE should be worn for face-to-face consults?**

Tier 3 PPE is recommended all exposure, care and contact with low risk suspected COVID as well as high-risk suspected or confirmed COVID cases (during COVID Active or Peak stages)

Where a patient's history cannot be obtained, they should be considered as a Low risk suspected case until further screening information can be obtained, at which point a revised diagnosis of the patient's condition can be made and appropriate changes to PPE implemented. Tier 3 PPE would apply due to current COVID Peak (black) risk rating across Victoria; hand hygiene, disposable gloves, level 2, 3 or 4 disposable gown, P2/N95 respiratory and protective eyewear (face shield where practical).