

Australian Primary Health Care Nurses Association

Top Tips on Understanding the Tier System

1



2



3





Acknowledgement of Country

We would like to acknowledge the traditional owners of country
throughout Australia,
and their continuing connection to land, sea and community.
We pay our respects to them, their cultures, and to Elders past
and present and emerging.

VICTORIAN INFECTION PREVENTION & CONTROL ADVISORY SERVICE

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Infection Prevention Helpline

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workplace teams including

- General practices
- Community Pharmacists
- Aboriginal Community Controlled Health Organisations

About your presenter

Megan Reilly

Megan is a registered general nurse
and is the director of

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Megan is also a certified Immunisation
Nurse and Hand Hygiene Gold
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Megan holds a Certificate in
Infection Control from Fremantle
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TAE40116 Certificate IV in
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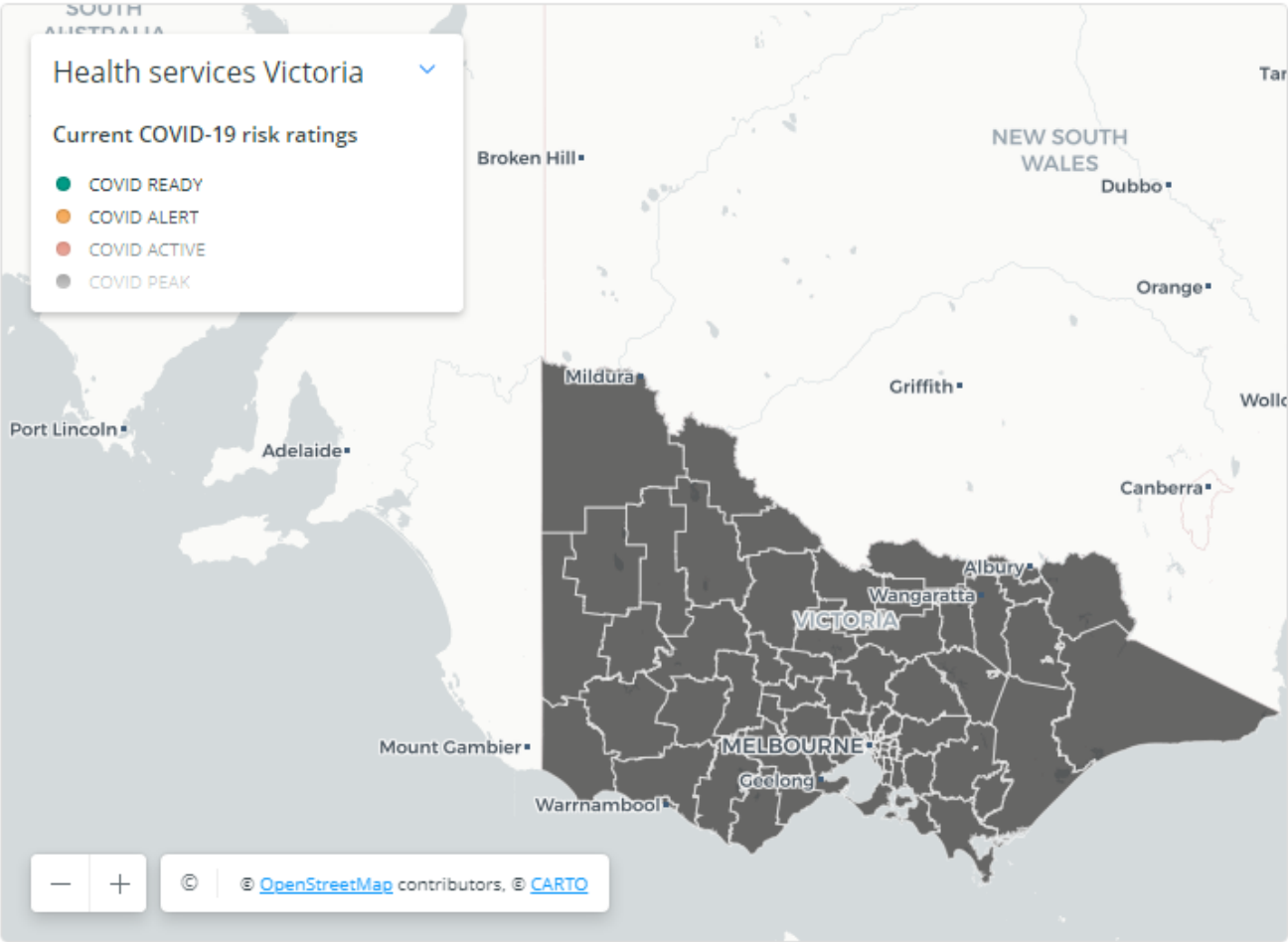
LEARNING OUTCOMES

By the end of this presentation, you should be able to:

1. Summarise the 3-tier system used to classify COVID-19 exposure sites using the traffic light system.
2. Explain the difference between a 'close contact' and a 'casual contact' in relation to COVID-19 transmission risk.
3. Determine the PPE that should be used for treatment of individuals from each exposure site tier.
4. Recognise the importance on keeping up to date with current exposure sites, risk rating and health advice.
5. Apply procedures and activities in accordance with the current risk rating for your area as per guidance.

Current Risk Rating in Victoria

The map below shows the risk ratings across Victoria.



Risk rating	Location	Date the risk rating was applied
COVID Ready (green)	N/A	Not applicable
COVID Alert (amber)	N/A	Not applicable
COVID Active (red)	N/A	Not applicable
COVID Peak (black)	Whole of Victoria	23 August 2021



Risk rating as at 22/09/21



TIER 1

- These are exposure sites where people attending are at the ***greatest*** risk of catching the virus and passing the infection to others
- Considered "close contacts"
- If you have been to a Tier 1 site, you must:
 1. Immediately isolate
 2. Get a COVID-19 test
 3. Quarantine for 14 days from the date of exposure
 4. Get tested again if symptoms develop
- The 14-day quarantine applies even if the COVID-19 test result is negative



TIER 2

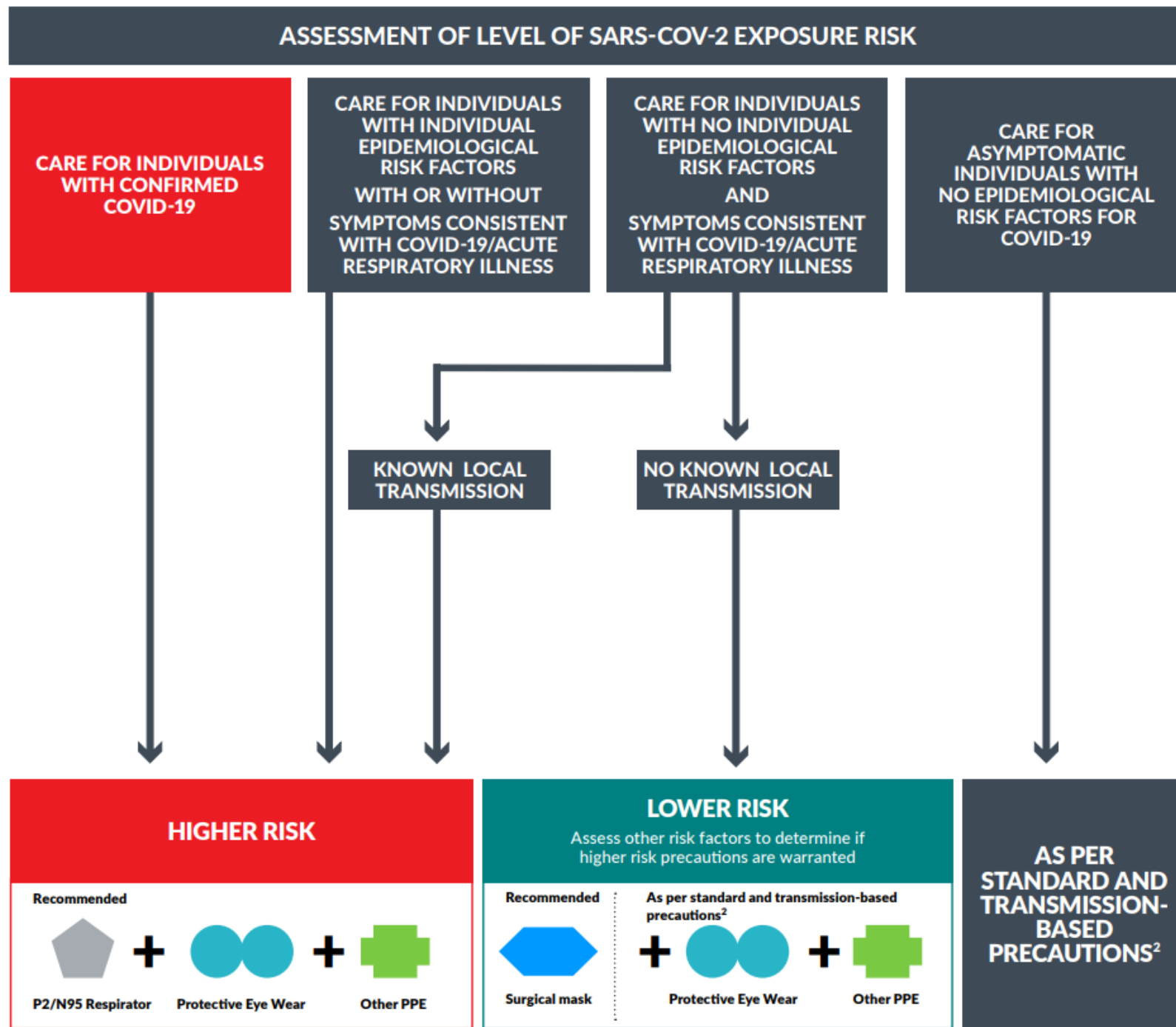


- These are exposure sites where people attending are at a **moderate** risk of catching the virus and passing the infection to others
- Considered "casual contacts"
- If you have been to a Tier 2 site, you must:
 1. Immediately isolate
 2. Get a COVID-19 test
 3. Quarantine until a negative COVID-19 test result received
 4. If symptoms develop: repeat steps 1-3

TIER 3



- These are ***precautionary*** exposure sites where people attending are at a ***low*** risk of catching the virus and passing the infection to others
- Places where a case may have briefly passed through
- Still may pose a risk due to high transmissibility of some strains, such as Delta
- If you have been to a Tier 3 site, you must:
 1. Monitor for symptoms
 2. If symptoms develop: isolate, get tested for COVID-19 and quarantine until a negative result is received










Extracted from: [Victorian health service guidance and response to COVID-19 risks – COVID Peak](#)

Health service guidance	COVID Peak
PPE Tier 1	Addition of eye protection when treating COVID negative patient/residents.
PPE Tier 2	For COVID negative patients where there is risk of exposure to blood or bodily fluids, as per usual standard precautions.
PPE Tier 3	All exposure/care/contact with Low-risk/high-risk SCOVID and confirmed COVID patients For staff undertaking testing at port of entry and community COVID testing locations
Patient/resident testing & screening	Testing patients/residents with compatible clinical and/or epidemiological risk factors All patients undergoing elective procedures requiring general anaesthetic must be screened and tested for COVID-19. Additional patient testing as per risk assessment
HCW surveillance testing	Mandatory testing of high-risk hospital work premises workers. Increased asymptomatic surveillance testing of HCWs in SCOVID wards, ED and ICU.
Workforce attestations & Screening	Daily attestations and enhanced screening based on clinical and epidemiological risk factors
Elective surgery	100% of Category 1. Additional Categories subject to a system assessment by the Department of Health
Visitors	Restrictions on visitors as per Public Health Directions.
Specialist outpatient consulting	Face-to-face outpatient appointments by exception
Emergency Department	Escalated COVID service plans
Vulnerable workers (high-risk employees)	High-risk employees are to be redeployed or if not possible, furloughed
Workforce mobility	Where practical, all care facility workers and HCW mobility restricted to one campus/facility. COVID streaming area workers must not work in a different campus or healthcare setting within 14 days, unless they have completed 3 consecutive rostered days off and returned a negative COVID-19 test within 48 hours before starting at the next workplace
Student clinical placements	Student clinical placements restricted from providing care/being exposed to high-risk SCOVID/Confirmed COVID patients. Student clinical placements restricted from high-risk hospital work premises including ED, ICU and COVID/SCOVID wards.

Extracted from: [COVID-19 – A guide to the conventional use of personal protective equipment \(PPE\)](#)

The PPE guidance has been updated to reflect patient status and reflect minimum requirements.

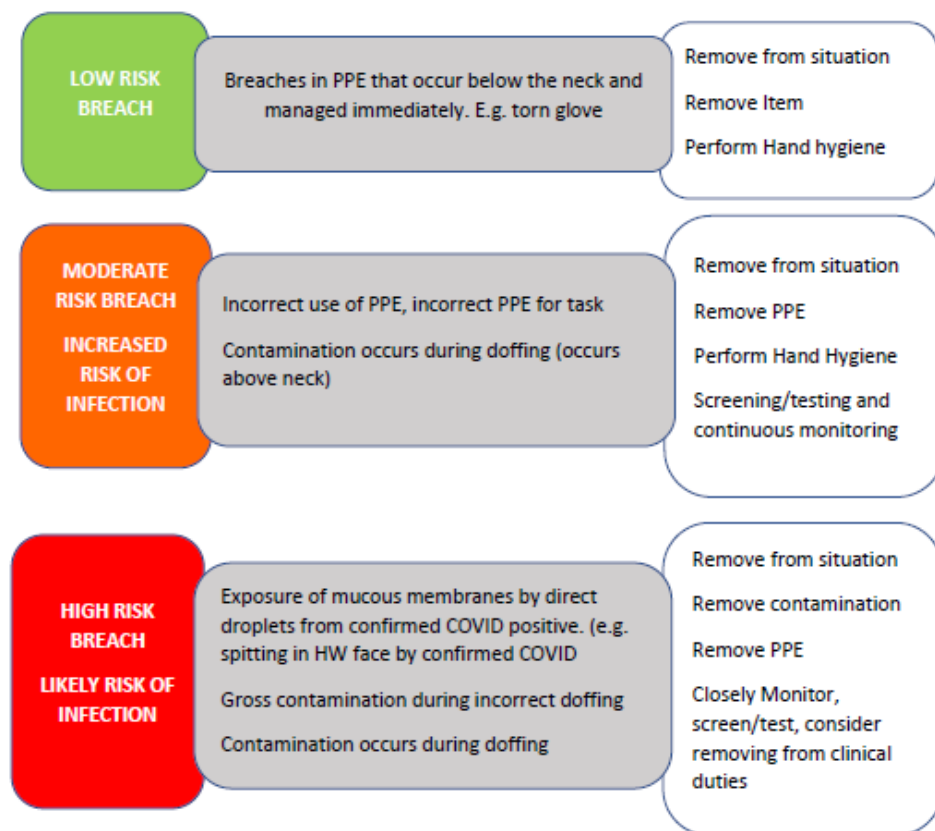
TIER	For use	 Hand hygiene	 Disposable gloves	 Level 1 gown and plastic apron	 Disposable gown	 Surgical mask	 P2 / N95 respirator	 Eye protection (Goggles or face shield)
Tier 0 – Standard precautions	Currently not applicable based on public health advice.	✓	As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
Tier 1 – COVID-19 standard precautions	Care of and exposure to all COVID-19 negative patients or clients	✓	As per standard precautions	As per standard precautions	As per standard precautions	Minimum Level 1	✗	As per standard precautions**
Tier 2 – Droplet and contact precautions	Care of and exposure to low-risk suspected COVID-19 Patients/Residents excluding patients where there is a risk of aerosol generating behaviours or an aerosol generating procedure needs to be performed	✓	✓	✓	or ✓ Level 2, 3 or 4	✓ Level 2 or 3	✗ i	✓ Face shield where practical
Tier 3 – Airborne and contact precautions and aerosol generating procedures	All care/exposure/contact with: <ul style="list-style-type: none"> High Risk suspected COVID-19 Patients/Residents Confirmed COVID-19 Patients/Residents Providing care to low-risk suspected COVID patients where there is a risk of aerosol generating behaviours or an aerosol generating procedure needs to be performed	✓	✓	✗	✓ Level 2, 3 or 4	✗	✓	✓ Face shield where practical

*If the risk of community transmission increases, in line with the Victorian Health Service Guidance and Response to COVID-19 Risks (VSHGR) COVID Active and COVID Peak stages, Tier 3 PPE is recommended for all exposure, care and contact with low-risk suspected COVID as well as high-risk suspected or confirmed cases of COVID-19. See the [VSHGR](https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks#current-risk-rating) <<https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks#current-risk-rating>

** Eye protection is added to Tier 1 PPE for exposure to all COVID-19 negative patients or clients during COVID Active and COVID Peak stages. For more specific guidance on eye protection see use of eye protection for healthcare workers <https://www.dhhs.vic.gov.au/use-of-eye-protection-healthcare-workers-covid-19-doc>

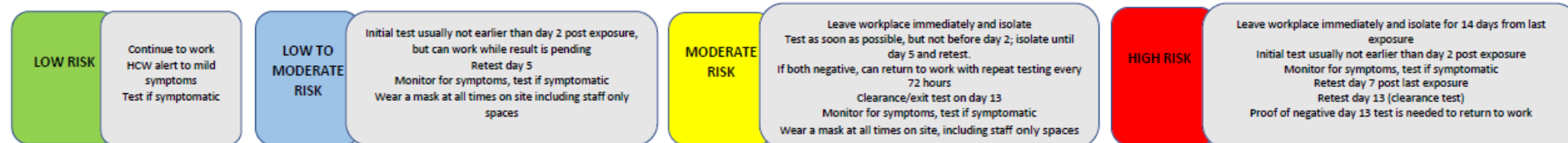
* PPE Breach Risk Assessment key principles.

- Perform a risk assessment to determine the level of exposure as applied to COVID-19 suspected/confirmed.



Adapted and modified from work developed by AUSMAT Quarantine management and operations compendium for the Howard Springs Quarantine Facility for the Repatriation of Australians at the Centre for National Resilience. National Critical Care and Trauma Response Centre. Darwin 2021.

CONTACT TYPE – See page 2 for more detailed assessment for a breach				
No contact	Transient Contact – Low Risk Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact OR In general, less than 30 minutes in a closed space* *Note: always subject to local documented risk assessment, including assessments of occupational exposures and of the closed space	Medium Risk Scenarios Any face-to-face contact within 1.5 metres and less than 15 minutes OR In general, greater than 30 mins in a closed space OR Based on agreed documented risk assessment including assessments of occupational exposures and of the physical environment	Highest Risk Scenarios Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes OR Aerosol generating behaviours (AGBs e.g. coughing) OR Aerosol generating procedures (AGPs) OR Contact with multiple COVID-19 cases/suspected cases/probable cases	
Low Risk	Moderate Risk Depending on risk assessment	High Risk Depending on risk assessment	High Risk	High Risk
Low Risk	Low to Moderate Risk Depending on risk assessment	Moderate Risk Depending on risk assessment	Moderate Risk	High Risk
Low Risk	Low to Moderate Risk	Low to Moderate Risk Depending on risk assessment	Moderate Risk Depending on risk assessment	High Risk
Low Risk	Low Risk	Low to Moderate Risk	Moderate Risk No AGBS, no AGPs	High Risk Exposure to AGBs, AGPs
Low Risk				



TIPS

- ▶ Keep up-to-date with current risk rating
 - ▶ [Department of Health and Human Services Victoria | Victorian health service guidance and response to COVID-19 risks \(dhhs.vic.gov.au\)](https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks)
- ▶ Keep up-to-date with public exposure sites and associated health advice
 - ▶ [Case alerts - public exposure sites | Coronavirus Victoria](#)
- ▶ Apply procedures and activities in accordance with the current risk rating as per guidance
 - ▶ <https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks>



Strategies to minimise the risk of transmission

- ▶ Pre-booking (online, telephone)
- ▶ COVID-19 screening questions & infection control procedure provided at time of appointment scheduling (online, telephone)
- ▶ Screen staff, visitors & contractors on entrance
- ▶ Minimise people in waiting areas
 - ▶ Create alternative waiting areas where practicable (for example, patient to wait in car in practice carpark prior to appointment)
 - ▶ Restrict attendance times
 - ▶ Limit people present in consultation to patient and 1 other person (dependent/carer/support person/translator)
 - ▶ Dedicated & separate pre/post waiting & vaccine administration rooms
- ▶ Physical distancing
 - ▶ Between patient chairs in waiting areas
 - ▶ Between staff and patient unless physical contact is required
 - ▶ Between staff in office setting
- ▶ Mask wearing by patients and staff
 - ▶ PPE use is dependent on risk level & tier level
 - ▶ If treating a suspected or confirmed COVID-19 case or during known community transmission, refer to the PPE guidelines



Strategies to minimise the risk of transmission

- ▶ Display hand hygiene, respiratory hygiene, and physical distancing signage
- ▶ Make hands-free alcohol-based hand rub stations, tissues, and lined waste bins available
- ▶ Install sneeze guards/barriers
- ▶ Increase cleaning and disinfection of high touch surfaces using a TGA approved¹ agent effective against COVID-19
 - ▶ E.g., Hourly cleaning for waiting room chairs
 - ▶ Minimum requirement of twice daily² for high touch areas
 - ▶ This includes shared staff workspaces
- ▶ Environmental management
 - ▶ Ensure adequate ventilation (increase the introduction of outdoor air, open window and doors to increase outdoor air flow)
 - ▶ Check ventilation meets the indoor space requirements
 - ▶ Remove communal items (e.g., toys, magazines, water cooler etc.)
- ▶ Alternative/separate entry and exit (where possible)



¹Available on TGA website: <https://www.tga.gov.au/disinfectants-use-against-covid-19-artg-legal-supply-australia>

² See DHHS cleaning guidelines: <https://www.dhhs.vic.gov.au/coronavirus-cleaning-guidelines-for-workplaces-doc>



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THANK YOU FOR JOINING US



Please complete your evaluation

References

- *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, Version 11.9 (21/07/2021). Australian Commission on Safety and Quality in Health Care and the National Health and Medical Research Council.
- *Australian guidelines for SARS-CoV-2 infection prevention and control of COVID-19 in healthcare workers* (Version 1, 10/06/2021). National COVID-19 Clinical Evidence Taskforce.
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- *COVID-19 – A guide to the conventional use of personal protective equipment (PPE)*. Department of Health and Human Services. Accessed 22/09/2021. <https://www.dhhs.vic.gov.au/guide-conventional-use-ppe-covid-19-doc>
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