



# Commander's Guide to Coronavirus – contact management, testing and isolation

10 March 2020

This aim of this guide is to provide information to commanders and supervisors on the definitions, processes and principles of COVID-19 contact management, testing and isolation.

## What is the process for COVID-19 contact management?

A contact of a COVID-19 case is a person not currently presenting symptoms, who has, or may have been in, contact with a COVID-19 case. The associated risk of infection depends on the level of exposure, which will, in turn, determine the type of monitoring. Distinction is made between close contacts and casual contacts. Generally, the terms are described below.

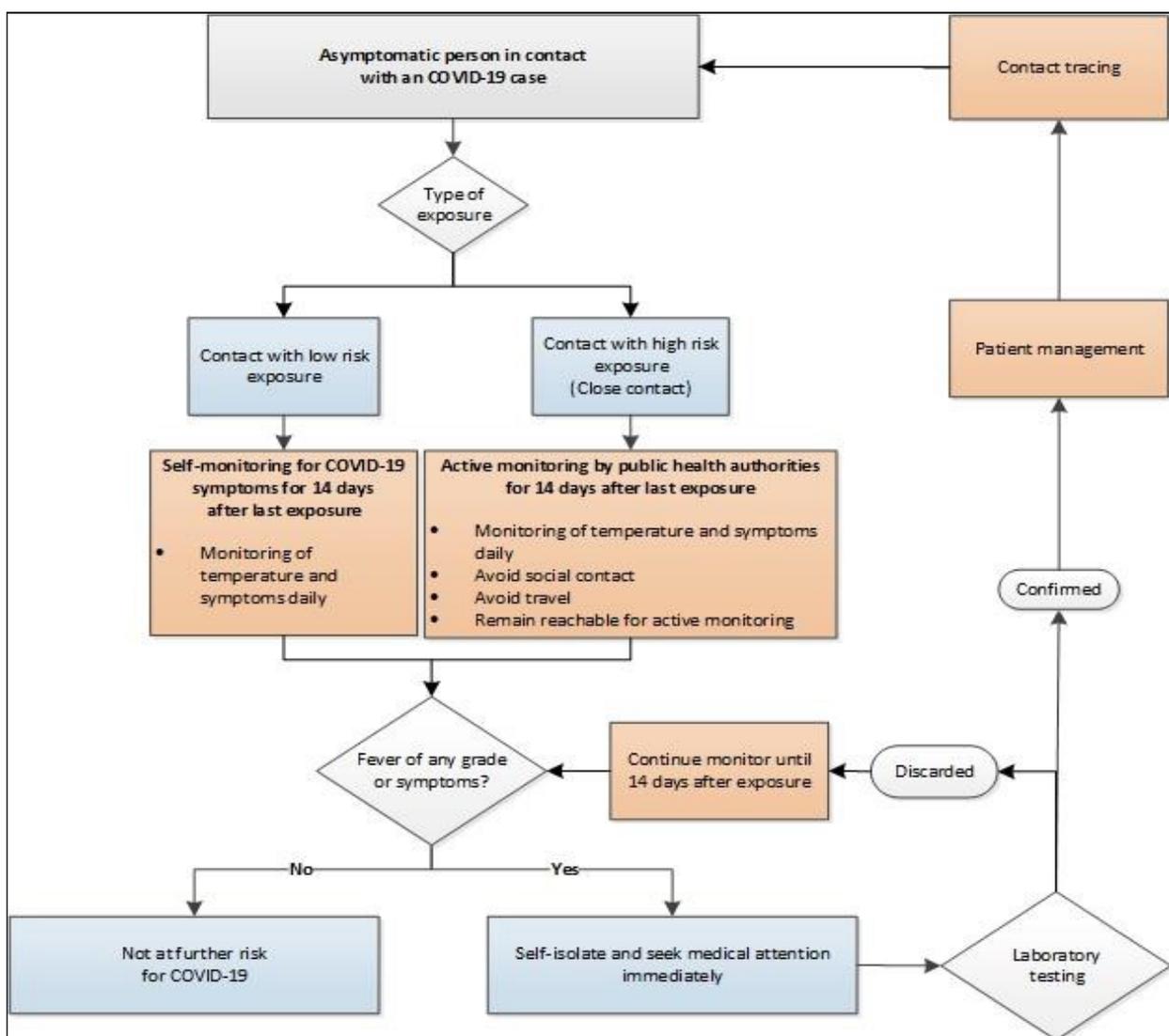
### High risk exposure (close contact):

- A person living in the same household as a COVID-19 case
- A person having had direct physical contact with a COVID-19 case (e.g. shaking hands)
- A person having unprotected direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching used paper tissues with a bare hand)
- A person having had face-to-face contact with a COVID-19 case within 2 metres [2] and > 15 minutes
- A person who was in a closed environment (e.g. classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 2 metres
- A healthcare worker (HCW) or other person providing direct care for a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case without recommended PPE or with a possible breach of PPE
- A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated

**Low risk exposure (casual contact):**

- A person who was in a closed environment with a COVID-19 case for less than 15 min or at a distance of more than 2 metres
- A person having had face-to-face contact with a COVID-19 case for less than 15 min and at a distance of less than 2 metres
- Traveling together with a COVID-19 case in any kind of conveyance.

Longer duration of contact increases the risk of transmission and the 15-minute limit is arbitrarily selected for practical purposes. Based on individual risk assessments, public health authorities may consider expanding contact tracing and management to persons who had a shorter duration of contact with a case. The diagram below describes the monitoring of contacts and the actions to be taken.



Algorithm for management of contacts of probable or confirmed COVID-19; Source [ECDC](#), 25 Feb 20

### **Who should be tested for COVID-19?**

A healthcare professional or public health unit will determine if a member requires testing, based on their risk of contact and/or clinical symptoms.

Members who meet the following criteria will be tested for COVID-19:

- Travel to (including transit through) a country considered to pose a risk of transmission in the 14 days before the onset of illness **OR** close or casual contact in 14 days before illness onset with a confirmed case of COVID-19

#### **PLUS**

- Fever **OR** acute respiratory infection (e.g. shortness of breath or cough) with or without fever

SGADF will determine any other testing requirements. Not everyone with a runny nose or cold or flu-like symptoms will be tested for COVID-19. This will potentially put an unnecessary burden on the health care system.

Commanders should not expect testing outside of clinical recommendations, nor require unnecessary medical clearance for members to return to work. The diagram below provides guidance on who requires testing.

### **Who needs to be isolated?**

There are two types of people who need to be isolated:

- those who are suspected of or have confirmed COVID-19
- those who have returned from a country or region that is listed as high risk for COVID-19, or think they may have been in close contact with or were told they were a close contact of a confirmed case of coronavirus

[The Department of Health website](#) provides the current list of at-risk countries and isolation requirements.

Personnel who are in isolation should alert their supervisor or commander. Depending on the type of work, and provided the staff member is well, they may want to discuss alternative arrangements such as working from home.

### **What do I do if one of my members develops symptoms?**

If a member within your organisation develops symptoms within 14 days of leaving a country or region that is rated high risk for COVID-19, or within 14 days of last contact of a confirmed case, they must notify their Supervisor/Chain of Command, must not be at work, and should arrange to see a doctor for urgent assessment, as instructed below.

- ADF and eligible foreign military members should speak with the Defence Health Centre via phone or by contacting 1800IMSICK for advice on whether further assessment is required. Please note that on contacting 1800IMSICK you may be transferred to 1800 DEFENCE (1800 333 362) to help the Department implement preventive measures and monitor the impact on operations.
- APS and contractors should seek care through your usual health care provider and contact 1800 DEFENCE (1800 333 362) to help Defence implement preventive measures and monitor the impact on operations.

People who are suspected cases must remain isolated either in their home, accommodation or a healthcare setting in accordance with health authority advice. Commanders and supervisors must ensure the isolation period is adhered to, and cannot compel personnel to return to work earlier than has been advised by the health authorities.

### **What do I do if one of my members develops COVID-19?**

Commanders and supervisors are to establish and maintain appropriate reporting mechanisms for positive COVID-19 cases for accurate surveillance within their commands. Commanders and supervisors are to ensure that appropriate welfare organisations are informed and engaged in the care of members who are suspected or confirmed cases.

### **What should I do in regard to knowledge about a sick family member of a staff member?**

If a staff member has been in close contact with a confirmed case of COVID-19, they will be advised by a health authority to isolate themselves for 14 days from the day of last contact and monitor for symptoms. Sick family members should seek medical care.

### **Should anyone else remain home from work?**

It is recommended that any staff member with a cold or flu-like illness remain at home until their symptoms resolve. This prevents the spread of respiratory illnesses. Any staff member who has taken time off for a cold or flu-like illness, but has not been confirmed with COVID-19, or has not been told to self-isolate, can return to work when they are well.

Commanders and supervisor are reminded that they can grant up to three days of absence for Defence members who are unwell, if the member is able to self-manage their condition, such as with a cold.

### **Is there a difference between hand washing and using hand sanitiser?**

Hand washing is preferred to hand sanitiser. However, hand sanitiser is a very good alternative where hand washing is unavailable and the hands are not visibly soiled.

### **What do I say if a member is anxious or worried about COVID-19?**

Direct them to the [JHC website for COVID-19](#). It provides information and resources for personnel who feel anxious or worried about COVID-19. In some circumstances, they may need to seek individualised advice from their medical practitioner.

### **How do I manage a person with pre-existing medical conditions or pregnant women?**

Staff members who are in these categories should be encouraged to seek advice from their medical practitioners.

### **Can I bring a sick child to the workplace?**

If the child has a respiratory illness then they should not be brought into the workplace under any circumstances.

### **What should I do in regard to planning meetings and gatherings?**

Commanders and supervisors should conduct a risk assessment on the need to attend large public gatherings, to include meetings, training and conferences. Video-teleconferencing, travel with less personnel, postponing travel and relocation to an area with less risk of disease should be considered. Instructors may consider strategies to decrease virus transmission, such as increasing space between personnel.

### **What should I do for leave?**

Information about leave arrangements can be found [here](#). These arrangements are consistent with the Whole of Government approach and may be reviewed as the situation develops. Should anyone have concerns about leave provisions in their circumstances please contact 1800 DEFENCE.