



Case and Outbreak Management Framework for Tasmanian Settings

V4.1, September 2022

Updated from the *Living in a COVID-19 vaccinated community – Case and Outbreak Management Framework for Tasmanian Workplaces Settings*, Version 3, dated March 2022.

We acknowledge and respect Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we work and live. We pay respect to Elders past and present.

For around 40 000 years, Aboriginal people have lived on lutruwita/Tasmania, within strong and resilient communities. We acknowledge that as we work to strengthen resilience against COVID-19 across Tasmania.

Abbreviations used in this document

DoH	Department of Health
PPE	Personal protective equipment
THS	Tasmanian Health Service (Tasmanian Department of Health)

Document control

This is Version 4.1 of the *COVID-19 Case and Outbreak Management Framework for Tasmanian Settings*.

Earlier versions should not be used and should be removed from circulation.

CONTENTS

1.	About this Document	3
2.	Context	5
3.	Outbreak prevention and preparedness.....	5
4.	Multi-agency case and outbreak management roles	7
5.	Response: Management of cases in the general community	8
6.	Response: Management of outbreaks in settings.....	9

I. About this Document

The management of COVID-19 continues to evolve, and as evidence accumulates, advice may be revised. Updates are available at www.coronavirus.tas.gov.au. If any information in this document is inconsistent with information on that website, please use the information online.

Please read this document alongside:

- **Tasmania's public health best practice guidance for employers**
- **outbreak management guidelines specific to certain sectors, including residential aged care facilities, schools and early childhood education and care services.**

I.1. Target audience

This document was written for people responsible for COVID-19 high-risk and priority settings in Tasmania. It is also relevant for people responsible for general workplaces and other settings.

For outbreak management, high-risk and priority settings are those where:

- there are likely to be people who have a higher chance of severe illness from COVID-19.
- COVID-19 may spread quickly
- management of outbreaks may be particularly complex
- outbreaks may cause disruption to essential services

Listed high risk residential settings under the *Public Health Act 1997* are:

- hospitals
- residential aged and disability care facilities

Additional high-risk settings for outbreak management are:

- correctional facilities (for example, prisons and remand centres)
- support and special schools

Public Health will support high-risk settings when there is risk of COVID-19 spreading in those settings.

Priority settings and populations include:

- schools and early childhood education and care services
- specialist housing and homeless shelters
- essential services; and food processing, distribution and cold storage facilities
- Aboriginal communities and remote communities, including the Bass Strait islands
- migrant workers' accommodation and remote industrial sites with accommodation.

Priority settings may require advice and support from Public Health when there is risk of COVID-19 spreading in those settings.

I.2. Purpose of this document

Due to the nature of high-risk and priority settings and populations, the impact of outbreaks may be severe, and illness may spread more rapidly than in the general community. The purpose of this document is to support COVID-19 management in those settings by describing outbreak prevention, preparedness and response activities and the roles of organisations involved in managing outbreaks.

People responsible for high-risk and priority settings are urged to use this framework to guide their

management of COVID-19.

1.3. Definitions of terms as they are used in this document

Definitions of terms as they are used in this document at its time of publication, follow. As the pandemic response transitions, there may be changes to definitions relating to outbreak management.

Cases	A case is a person diagnosed with COVID-19 by PCR laboratory testing or rapid antigen test, who has not completed their isolation period and as such, is considered infectious.
Contacts	Definitions of the various types of cases contacts are subject to change. Check the latest definitions and the requirements for close contacts under the <i>Public Health Act 1997</i> , online at www.coronavirus.tas.gov.au
Contact tracing	Contact tracing is the process of identifying people who have had contact with cases (spent time with cases, in person)
High-risk residential settings	High-risk residential settings are hospitals, residential aged and residential disability care facilities.
Incubation period	The incubation period for COVID-19 is the time between when a person is infected with the virus and when symptoms start. Most people develop symptoms two to five days after being in contact with a person with COVID-19; the range is 1 to 14 days.
Infectious period	People with COVID-19 are considered infectious (able to spread the virus) from 48 hours before their symptoms start (or 48 hours before their positive test result for those that do not have symptoms) to when they are classified as no longer infectious, seven to 10 days after the positive test result.
Isolation	Isolation is the separation of probable or confirmed cases from other people.
Internal outbreak response team	The internal outbreak response team comprises staff from each setting, who plan, prepare and respond to COVID-19 cases and outbreaks. The team is responsible for: <ul style="list-style-type: none"> ensuring the setting is ready for COVID-19 cases and outbreaks COVID-19 communication between the setting and Public Health ensuring COVID-19 prevention, identification and response measures are applied across the setting and activities.
Line list	A line list is a spreadsheet with information about each case associated with a setting. Public Health provides the line list template, with a row to be allocated to each case, and columns provided for variables including each case's date of positive test result. The line list facilitates identification and management of outbreaks.
Symptoms	The main symptoms of COVID-19 are fever (or signs of fever, including chills or night sweats), runny nose, cough, sore/itchy throat, shortness of breath and loss of taste or smell.
Reinfected	A person who had COVID-19, recovered, and later (four weeks or more) was infected again.
Release from isolation	Most cases can leave isolation five days after their positive COVID-19 test result if their respiratory symptoms have gone and there has been no fever for 24 hours or more. If cases still have symptoms, they should isolate until the symptoms are resolved (or much better) and seek medical advice if symptoms continue. Cases leaving isolation after five days must wear a facemask when away from home and avoid high-risk residential settings for an extra two days. Cases in high-risk residential settings must isolate for at least seven days. Cases with mobile phones receive a 'release from isolation' message from Public Health. Cases do not need to wait to receive this message to leave isolation.

2. Context

2.1 COVID-19 in the Community

COVID-19 is established in the Tasmanian community and will continue to cause varying amounts of illness, over time. For most people, being up to date with vaccination protects against severe illness (needing hospitalisation) and death from COVID-19. It also provides some protection against infection.

Even with very high levels of vaccination across Tasmania, there are some people who cannot get vaccinated for medical reasons or who are too young to be vaccinated. A small number choose not to. Those not up to date with vaccination remain at risk of severe illness from COVID-19.

Effective management of outbreaks is important to help slow the spread of illness and protect people at risk of severe illness. To support outbreak management, COVID-19, like influenza, is a notifiable disease under Tasmania's *Public Health Act 1997*. That means any positive test results for COVID-19 must be reported. This enables Public Health to monitor the disease and respond to outbreaks.

2.2 The public health response

The public health response is focused on protecting people at risk of severe illness and minimising the impact on the Tasmanian community by:

- prioritising the vaccination program
- continuing surveillance to monitor the spread of illness and pandemic risk
- adjusting response measures as the situation changes, commensurate with the level of risk
- ensuring easy access to up-to-date information
- encouraging viral respiratory illness safety in workplaces and at events
- continuing testing of people with symptoms of acute respiratory illness (sore throat, fever, cough, runny/stuffy nose, loss of taste or smell) and close contacts of cases, to identify new cases
- identifying and isolating cases for at least five days from their positive test result, through a largely automated and self-managed response
- instructing cases to identify and inform their close contacts, and advise their close contacts to check www.coronavirus.tas.gov.au for information about what they need to do
- offering all cases that have had a positive PCR test result or have notified Public Health of a positive RAT result, free access to COVID@homeplus for follow up and clinical support and care
- identifying cases at risk of severe illness, for further assessment and management by their GP or the Tasmanian Health Service (THS)
- identifying outbreaks in high-risk and priority settings, for management by the responsible organisation with support from Public Health.

3. Outbreak prevention and preparedness

3.1 Prevention activities for all settings and workplaces

Prevention activities for each setting should be guided by the workplace COVID-19 risk assessment. Managing the risk of COVID-19 is an ongoing process in all settings. See [Tasmanian Public Health COVID-](#)

[19 Best Practice Guidance for Employers.](#)

3.2 Recommended planning/preparedness activities

- Update and maintain your COVID-19 Safety Plan. For high risk and priority settings, also update and maintain your Outbreak Management Plan.
- Maintain situational awareness; check www.coronavirus.tas.gov.au regularly.
- If your business provides or supports accommodation for staff or customers, identify appropriate premises where cases can isolate.
- Identify who will coordinate the response in your setting and be the main contact person for Public Health – if required – and the membership, roles and responsibilities of your internal outbreak response team. Inform staff of their roles and the workplace outbreak plan.
- Consider the needs of diverse groups within the setting, including people at higher risk of severe illness from COVID-19 and people whose preferred language is not English.
- Review existing health screening processes (as necessary).
- Establish systems to support staff to work from home (if feasible/appropriate).
- Consider having a supply of RATs available for staff, to enable rapid identification of cases.
- Consider how to continue business safely (or suspend activities) during outbreaks and high staff absenteeism; minimise sole person dependency.

Additional preparedness activities for residential care facilities, prisons and hospitals

- Establish systems to identify people with symptoms of COVID-19 (and influenza) in your setting.
- Plan how resident cases and close contacts will be managed safely.
- Have facility information (size, layout, staff and resident numbers) ready to provide to Public Health to support risk assessment and risk mitigation, if requested.
- See Tasmanian public health best practice guidance for your high risk or priority setting.

4. Multi-agency case and outbreak management roles

Within the Tasmanian Government, the DoH (including the THS):

- leads the pandemic response
- provides testing services, including PCR sample collection, laboratory testing and supply of RATs to people who have symptoms or are identified as close contacts
- provides clinical monitoring and management of cases, including through COVID@homeplus
- provides health information
- provides disease surveillance
- formulates and continues to refine public health response measures
- supports outbreak prevention and management in high-risk and priority settings
- provides vaccination services.

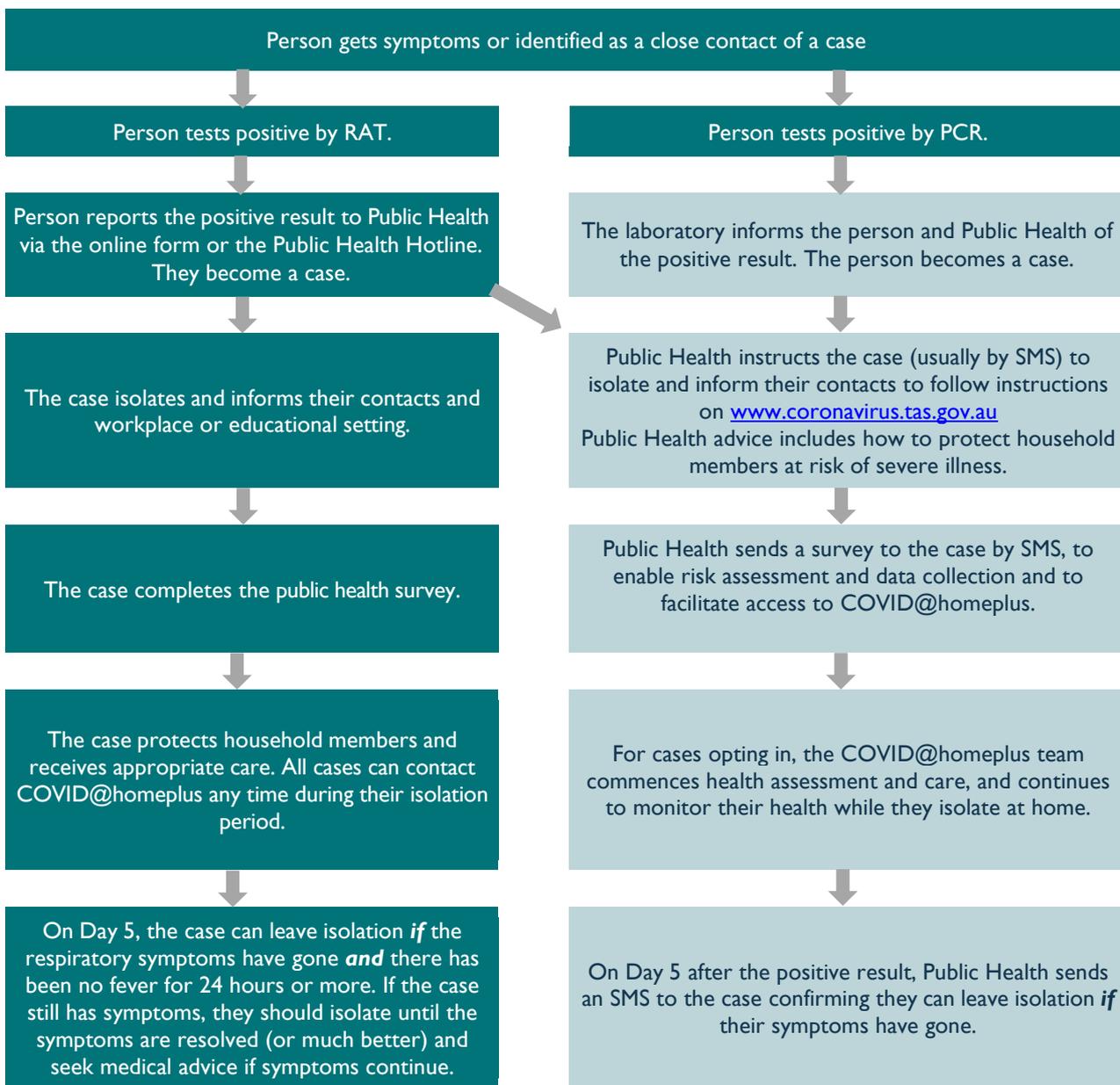
The **Department of Justice** is responsible for ensuring workplaces are COVID-safe (through WorkSafe Tasmania), overseeing the management of deaths and coronial services, and managing outbreaks in custodial facilities (in partnership with DoH).

The **Department of Education** is responsible for managing outbreaks in school and early childhood education and care settings, in partnership with Public Health.

5. Response: Management of cases in the general community

For people in the general community, the response is largely automated and focused on self-management, including of testing, isolation and identification of close contacts, with support and clinical care accessible as required. Case identification and management follows the general steps shown in the figure below.

Figure 1: Overview of the steps involved in identifying and managing cases in the general community (not applicable to hospitals, residential aged care or residential disability care facilities).



Key	Actions taken by individual (case)
	Actions taken by health services

6. Response: Management of outbreaks in settings

People responsible for settings are responsible for identifying and managing outbreaks, with guidance from Public Health.

The definition of an outbreak varies by setting and is influenced by the nature of the setting and the level of risk of severe illness in the people within that setting, and the nature of the consequences and potential broader impact of the outbreak. The goal of COVID-19 outbreak management in any setting is to slow the spread of illness – to minimise the impact on people within the setting, the workplace and its business continuity, and health services.

Public Health supports workplaces to manage outbreaks in their settings, while prioritising management of outbreaks in high-risk and priority settings. The level of response required for each outbreak varies depending on the level of risk, the number of cases and rate of increase in cases.

5.1 Contact, case and outbreak management in general workplaces

The *Work Health and Safety Act 2012* requires workplace hazards, including COVID-19, to be assessed and controls implemented to reduce the risks. See www.worksafe.tas.gov.au/topics/Health-and-Safety/

Cases: Public Health does not automatically know when there is a case or outbreak linked to a specific workplace, however when Public Health is notified of a case, the case is instructed to notify their employer or workplace. If an employer is concerned about the number of cases linked to their workplace, they can contact Public Health for advice (phone 1800 671 738).

Contacts: A person who spends time with a case in a general workplace is only considered a contact if they meet the definition of a contact as provided on www.coronavirus.tas.gov.au/contacts (For high risk and priority settings, the definition of a contact may vary.)

Most people who fit the definition of contact may still go to work/school, according to the workplace risk assessment and risk controls. They must follow the requirements for close contacts under the *Public Health Act 1997*, including to:

- inform their employer(s) that they are a close contact
- stay at home if they develop any COVID symptoms
- return a negative test result for COVID-19 every day before leaving home
- wear a face mask in indoor settings away from their home.

Slowing the spread of illness in general workplaces

The main steps to slow the spread of illness in general workplaces are:

- while protecting the case's privacy, notify people in the workplace that there has been a case in the workplaces and that all workers should continue to monitor themselves for symptoms
- depending on the level of risk and protective measures in place, consider supplying RATs for staff who spent time with the case in the workplace, to support rapid identification of new cases
- reinforce COVID-19 safety measures including ventilation, use of facemasks, physical distancing, hand hygiene, and staying at home when unwell or with any symptoms of COVID-19
- if your business provides or supports accommodation for staff or customers, provide appropriate accommodation for cases to isolate in, according to the guidelines at the time
- if the case is an employee who may have been infected with COVID-19 through their work, report the case notification to [WorkSafe Tasmania](http://www.worksafe.tas.gov.au).

5.2 Case and outbreak management in high-risk and priority settings

With most positive COVID-19 test results being self-reported, Public Health does not automatically know if there is a case or outbreak in or linked to a high-risk or priority setting. Organisations responsible for high risk and priority settings are encouraged to monitor the situation in their settings and notify Public Health if they are concerned about case numbers or outbreaks.

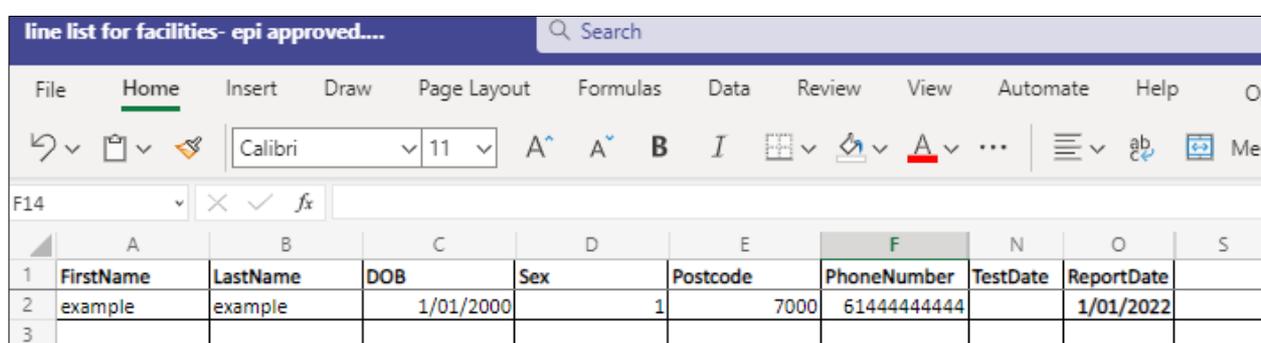
The guidelines below are general guidelines for high-risk and priority settings and should be read alongside any detailed case and outbreak management guidelines available for each sector.

Identifying outbreaks in high-risk and priority settings

Use a line list to identify outbreaks in your setting.

A line list is a spreadsheet with information about each case associated with a setting. Public Health provides the line list template, with a row to be allocated to each case and columns provided for variables including the date of each case's positive test result and release from isolation. An example of the line list is in Figure 2.

Figure 2: Line list example.



	A	B	C	D	E	F	N	O	S
1	FirstName	LastName	DOB	Sex	Postcode	PhoneNumber	TestDate	ReportDate	
2	example	example	1/01/2000	1	7000	6144444444		1/01/2022	
3									

Update your line list when you become aware of a new case in your setting.

If the number of active cases meets an agreed definition of an outbreak for your setting or you are concerned about the number of cases, inform Public Health. Public Health will support you to manage the outbreak, using response measures commensurate with the risk. This may include:

- providing additional RAT kits or PCR testing capacity for the setting
- managing movement of people in and out of the setting
- providing advice about use of personal protective equipment (PPE) and other infection prevention and control measures
- liaising with the THS to boost local clinical care capacity
- identifying additional local facilities for isolation.

Slowing the spread of illness in high-risk and priority settings

As well as the steps for general workplaces (see section 5.1), additional steps to slow the spread of illness in high risk and priority settings are:

- [Isolate](#) the case/s away from other people, preferably in a single room with a door that can be closed. If necessary, cases can reside together. People who have **not** tested positive should **not** reside with people who have tested positive, even if they have symptoms of COVID-19.
- Inform relevant staff and designate specific staff to support the case/s, safely.

- Minimise the number of people who spend time in the same room as a case/s and ensure those who do are COVID-19 safe. This includes wearing appropriate PPE, stringent hand hygiene, maximising distance from the case and minimising time with the case.
- Identify contacts in the setting and support them to follow the requirements for [contacts](#), including to be alert for signs of COVID-19 and to get tested.
- Identify social contacts within the setting and support them to be alert for symptoms of COVID-19 and to get tested as soon as possible if any symptoms develop (even mild).
- Facilitate and reinforce COVID-19 safety measures including staying at home when unwell or with any symptoms of COVID-19, enhancing ventilation, use of facemasks, physical distancing, hand hygiene, enhanced cleaning, and any restrictions in place for people who are not up to date with vaccination against COVID-19.
- Depending on the level of risk and protective measures in place, consider supplying RATs for staff who have spent time with the case, to support rapid case identification.

5.3 Case and outbreak management in Aboriginal and remote communities

With most positive COVID-19 test results being self-reported, Public Health does not automatically know when there are outbreaks in Aboriginal communities or remote areas. Public Health is reliant on cases registering their results and providing their postcodes and Indigenous status.

Local services, especially health, local council, Aboriginal community controlled and emergency services, are the 'eyes and ears' of Public Health. Partnerships with local services are vital in supporting identification and early and effective responses to outbreaks.

Services are encouraged to:

- contact Public Health if they are concerned about case numbers or outbreaks in their community
- support community members to:
 - isolate and self-test or get tested for COVID-19 if they have COVID-19 symptoms
 - get tested if they are identified as a close contact of a case
 - notify positive RAT results [online](#) (or by phoning the Public Health Hotline, 1800 671 738)
 - complete the Public Health survey sent to cases by SMS.

Public Health will consider surveillance options (including epidemiological analysis of cases by Indigenous status and post code) and potential public health response measures, that *may* include:

- increasing local opportunities for vaccination and boosting local publicity about COVID-19 safety
- providing additional RAT kits or PCR testing capacity in the area
- liaising with the THS about boosting local clinical care capacity and pre-positioning additional COVID@homeplus kits with local health services
- identifying additional facilities for isolation
- considering other measures, for example to protect local essential services and critical industries.