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Staff COVID-19 surveillance testing

What is COVID-19 surveillance testing?

COVID-19 surveillance testing involves regular COVID-19 testing for **asymptomatic** staff.

Why is Western Health providing COVID-19 surveillance testing?

Surveillance testing can help identify those who may be infected but are not showing symptoms. Western Health's surveillance testing program of asymptomatic workers is targeted to ensure that any potential cases are identified early. Surveillance testing combined with other interventions such as daily attestations minimise the risk of staff working whilst unwell.

Western Health is required to report weekly to VICNISS (Victorian Healthcare Associated Infection Surveillance) regarding COVID-19 surveillance testing completed at each WH site. This information is then reported to Department of Health and Cabinet.

Who should participate in COVID-19 surveillance testing?

During COVID Peak the following groups of staff are required to participate in COVID-19 surveillance testing:

1. Staff (clinical and non-clinical) who provide direct care or have contact (even if transient) with patients with confirmed COVID-19. A confirmed COVID-19 patient has tested positive for coronavirus (COVID-19) with a confirmed positive result from a pathology lab. These staff are classified as High Risk Hospital Premise Workers.
2. Staff (clinical and non-clinical) who provide direct care or have contact with high-risk suspected coronavirus (COVID-19) (High-Risk SCOVID) patients.

Additionally, all other clinical and non-clinical staff are welcome to seek asymptomatic COVID-19 testing.

Which patients are high-risk suspected COVID-19 patients for the purpose of surveillance testing?

A High-Risk SCOVID patient is a person in quarantine for any reason (including close contacts of confirmed cases, people returning from Red zones, high risk occupations or those in hotel quarantine having returned from overseas) who may or may not be exhibiting symptoms of COVID-19 but has not tested positive for COVID-19.

In addition, patients with a compatible clinical illness (those with symptoms) who also have one of the following epidemiological risk factors in the 14 days prior to illness onset:

- Contact with a confirmed case of COVID-19

- Was employed in an area where there is an increased risk of coronavirus transmission e.g. hotel quarantine workers, ports of entry workers, aged care workers, healthcare workers or in another high-risk industry where there are known cases at the time.
- Lived in or visited a geographic area at high risk as determined by a public health unit (i.e. a red zone).

Can I continue to work if I participate in surveillance testing?

Surveillance testing is for asymptomatic staff only. Asymptomatic staff can participate in surveillance testing and continue to work while they wait for their results.

Symptomatic staff are not eligible to participate in surveillance testing and should be tested as soon as possible at a COVID-19 testing clinic, and must quarantine until they receive a negative result. Symptomatic staff must not continue to work while awaiting test results or while symptoms persist. .

Implementation of surveillance testing:

Surveillance testing requirements:

When a COVID-19 positive case is identified surveillance testing should be triggered. 100% of staff who have close, casual or transient contact with the COVID-19 positive case or high risk SCOVID patients must be identified and information collected including:

- Area of work (Medical, Nursing/Midwifery, Allied Health, Other Clinical, Non-Clinical, Ambulance Victoria)
- Number of staff in each subcategory tested
- Number of staff who decline testing and reason for declination
- Number of staff excluded from testing having had COVID-19 less than 3 months ago

Surveillance program process:

Ward based actions:

When a COVID-19 positive case or a ward is a designated COVID ward caring for high risk suspected COVID cases the following actions must be taken:

1. The manager of the area, or delegate, shall assign a COVID Marshal and PPE Spotter
2. A QR code is displayed on the ward, enabling all eligible staff to declare their contact with the positive case
 - a. The NUM/ COVID Marshal will coordinate for the QR code poster found [here](#) to be put on the entry to the ward

- b. The NUM/ COVID Marshal will coordinate for the information sheets on the [microsite](#) to be available on the ward to provide more information to staff about the surveillance program
 - c. The COVID Marshal/ PPE Spotter will ask staff to complete the QR code once per day on entry to the ward
 - d. There will be a designated iPad in the area for the purposes of completing the QR code.
3. Saliva testing packages will be available for collection at the COVID-19 Testing Clinic operating at the relevant site.

Testing regime:

Staff are requested to provide:

- 1 x throat and deep nasal swab and 4 saliva swabs (or on all other days attending work) per week, for two weeks following last contact with the COVID-19 positive patient

An example of a suitable schedule for testing is as follows:

Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Enrolment	Saliva		Saliva	Saliva		saliva	Swab

Staff are able to collect saliva testing pack from the COVID testing clinic or designated collection point at their hospital, including instructions as to how to complete the test.

Staff are requested to drop saliva tests off at the a WH COVID testing clinic as soon as possible, where they will be required to provide some additional information to allow correct labelling of the specimen.

Staff can walk up for their swab tests at a WH COVID testing clinic at their site and testing will be prioritized.

Reporting:

The reporting requirements for VICNISS are coordinated by Infection Prevention team weekly. Data is reported securely via the VICNISS portal ensuring confidentially and in a de-identified format, limited to:

- Total number of eligible staff at the hospital.
- Number of staff tested including direct employees, casuals and visiting staff by key occupational groups (nurses, medical practitioners, allied health, other clinical staff and non-clinical staff including cleaners, food services, security staff and Ambulance Victoria staff).
- Number of eligible hospital staff declining to be tested and reason why.
- The number of staff ineligible for testing due to staff having a confirmed history of coronavirus (COVID-19) in the past three months.
- Number of staff who test positive including Ambulance Victoria staff
- Number of positive patients in relevant hospital site

Communication: Surveillance program process:

Communication to all staff regarding eligibility to participate in surveillance testing should occur via all staff bulletins and the QRG information available on the microsite. In addition, the COVID Response team will send communication to the NUMs and Operations managers of staff working in high risk areas to encourage the promotion of the program.

Where can staff get tested?

Staff who work at the Sunshine Hospital campus should be tested at the Sunshine COVID-19 Testing Clinic. The CTC is open 7 days per week, 7am to 5.30pm.

Staff who work at the Footscray Hospital campus should be tested at the Private Consulting Rooms at Footscray Hospital. The PCR is open 7 days per week, 7.30am to 4pm.

When a COVID positive patient or high risk suspected COVID patient is Williamstown Hospital testing opportunities will be provided on site. Testing will operate out of the Williamstown ED.

Staff who work at other health services as well

All health services are required to provide asymptomatic staff screening aligning with the information in this guideline. A number of health services have been identified as 'COVID streaming hospitals' where patients with COVID-19 will be preferentially cared for. Services currently identified as COVID streaming hospitals are:

- The Alfred Hospital
- Box Hill Hospital
- Royal Melbourne Hospital
- The Royal Children's Hospital
- The Royal Women's Hospital
- Monash Medical Centre, Clayton
- Epping Private Hospital
- La Trobe Private Hospital
- Northern Health
- ??other

Staff working with COVID-19 positive patients or in areas where there are COVID-19 patients in COVID streaming hospitals must be:

- Fit-tested for N95 personal protective equipment (PPE) and wear appropriate levels of PPE.
- Fully vaccinated (with second dose at least 12 days prior to commencing work).
- Compliant with current surveillance testing requirements aligning with this guideline.

In addition, rostered healthcare workers (clinical and non-clinical) must:

- not work in a different, campus or healthcare setting within 14 days unless the worker has:
 - completed 3 consecutive rostered days off and returned a negative COVID-19 test within 48 hours before starting at the next workplace eg Western Health.
- provide declarations when entering a hospital for work that they have:
 - not worked in a COVID streaming area of another hospital in the last 14 days; OR
 - have completed 3 consecutive days off and returned a negative COVID-19 test within the last 48 hours (before beginning work at a different Covid streaming hospital).