



## WA Health

# WA COVID-19 TTIQ (Test, Trace, Isolate and Quarantine) Plan

Version 3.0

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## Version Control

| Version | Date             | Approved by                                  | Changes   |
|---------|------------------|--|---|
| 1.0     | 17 February 2022 | Dr Andrew Robertson,<br>Chief Health Officer | Original version  |
| 2.0     | 11 March 2022    | Dr Andrew Robertson,<br>Chief Health Officer | <p>Added:</p> <ul style="list-style-type: none"> <li>• Very high caseload settings for household close contacts, school and early childhood education settings</li> <li>• Links to new WA Health resources and references to published Directions included throughout</li> </ul> <p>Removed:</p> <ul style="list-style-type: none"> <li>• Specific settings for residential aged care facilities, remote Aboriginal communities, critical infrastructure, healthcare workers</li> </ul> |
| 3.0     | 3 May 2022       | Dr Andrew Robertson<br>Chief Health Officer  | <p>Removed:</p> <ul style="list-style-type: none"> <li>• References to high and very high caseload</li> <li>• References to casual contacts</li> <li>• References to critical worker furloughing</li> </ul> <p>Updated:</p> <ul style="list-style-type: none"> <li>• Close contact definition</li> <li>• Table 1 and 2, including requirements for asymptomatic close contacts, including workers in high-risk settings</li> <li>• Links and resources</li> </ul>                       |

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## Glossary

**COVID-19** – the disease caused by the virus SARS-CoV-2.

**COVID-19 case** – a person who has a positive test for SARS-CoV-2 via PCR or RAT.

**Infectious period** – the infectious period is considered to commence 48 hours prior to symptom onset, or positive test date if asymptomatic, until the time the COVID-19 case is cleared of infection or can cease isolation, in accordance with the guideline for release from isolation (refer to Table 1).

**Isolation** – is the separation from others of a person who is a confirmed or suspected case of COVID-19. People who have COVID-19 like symptoms and are waiting for test results must also isolate. Further information is available at [HealthyWA](#).

**PCR test** – is the current laboratory-based gold standard diagnostic test for confirming acute active SARS-CoV-2 infection.

**Public Health** – refers to the Public Health Operations team within WA Health's State Health Incident Coordination Centre (SHICC), which undertakes contact tracing activities, and provides advice regarding Test, Trace, Isolate and Quarantine (TTIQ) activities.

**Quarantine** – is the separation from others of a person who is well but may have been exposed to COVID-19. Further information is available at [HealthyWA](#).

**Rapid antigen test (or RAT)** – a test that can be used at the point-of-care (by health professionals) or for self-testing (by a person at home) to detect the presence of viral proteins produced by SARS-CoV-2. Testing by RAT is less sensitive (i.e. less likely to detect the virus in a person with COVID-19) than PCR for detecting SARS-CoV-2 but results are available more quickly.

**SARS-CoV-2** – the virus that causes COVID-19.

**State Health Incident Coordination Centre (SHICC)** – refers to the area within WA Health that oversees WA Health's response to COVID-19.

**Trace (or contact tracing)** – is the process of identifying people who have had close contact with a COVID-19 case during the case's infectious period. For contact tracing purposes, all close contacts should be identified from 48 hours prior to symptom onset or positive test date if asymptomatic, until the person with COVID-19 commences isolation.

**Workplace** – refers to a business, facility or service provider.

# 1. Purpose and context

## 1.1 Purpose

This Plan provides guidance to businesses, facilities and service providers on COVID-19 outbreak management in Western Australia (WA).

With high vaccination rates in WA, it is expected that most individuals contracting COVID-19 will have mild symptoms lasting a short number of days, which can be safely managed at home.

This document outlines the Test, Trace, Isolate and Quarantine (TTIQ) settings in WA. It is a live document that will continue to be updated to reflect policy changes.

## 1.2 Scope and context

The WA COVID-19 TTIQ Plan (this Plan) is intended to complement existing local, regional and agency-specific plans.

All stakeholders should have developed and tested their own COVID-19 response plans. Stakeholders should implement and continuously review these plans.

# 2. Principles

The general principles of the COVID-19 outbreak response in WA are to:

1. Provide a proportionate, targeted and risk-stratified response to ensure people who are unwell with COVID-19 have access to the appropriate level of care, in the appropriate location.
2. Protect the health and safety of the general population and workers.
3. Encourage stakeholders to review their business continuity plans and access to surge staff to maintain service delivery.
4. Ensure TTIQ measures are provided in a proportionate way.
5. Provide support and advice so that settings can locally manage outbreaks with confidence.
6. Utilise a multi-agency approach, where appropriate, to support a successful response.
7. Protect populations at high risk of severe disease.
8. Ensure all measures are culturally appropriate.

# 3. Workplace outbreak response

## 3.1 Responsibilities

Work health and safety legislation require employers to ensure the safety of workers and others in the workplace, so far as is reasonably practicable. This includes preventing transmission of COVID-19 and responding to cases of COVID-19 in their workplace. The Department of Mines, Industry Regulation and Safety, Safe Work Australia, and the Small Business Development Corporation have further information for industry on their websites.

Vaccine mandates for the WA workforce are in place. Employers are responsible for compliance with these, including booster doses.

**Workplaces are responsible for implementing, directing, monitoring and overseeing their own outbreak response, with decisions made at local levels.**

Some specific settings may receive additional support from the Public Health Operations team, where possible, based on a Public Health risk assessment (for example residential aged care facilities (RACFs) and remote Aboriginal communities). This is in addition to support provided through applicable Commonwealth support mechanisms.

## 3.2 Planning

Workplaces should implement their COVID-19 response plan when there has been a COVID-19 case in the workplace while infectious, noting that unless the workplace has a residential setting close contacts are unlikely to be identified.

Advice for employers and employees on preparation and COVID-19 prevention is available at [COVID-19 in the workplace – information for employers and employees](#).

In appropriate settings (e.g. residential aged care facilities, mental health/disability hostels, secure facilities, remote Aboriginal communities), workplaces should identify at-risk residents and discuss management plans.

## 3.3 Response

If a worker returns a positive RAT or PCR test, they should inform the workplace of the positive result as soon as possible, especially if they have been at work while infectious.

Once an employer becomes aware of a case of COVID-19 at the workplace, they should:

1. Advise the COVID-19 positive worker to return home immediately and isolate for 7 days from the date they were tested even if they don't have symptoms.
2. Inform all workers (including health and safety representatives) to monitor for symptoms of COVID-19 and get tested if symptoms develop by PCR or Rapid Antigen Test (RAT).
3. Ensure workplace COVID-19 safety plans are being followed, including use of personal protective equipment (PPE) including facemasks, physical distancing and [cleaning and disinfection in the workplace \(health.wa.gov.au\)](#).
4. Document all decisions and actions and communicate with stakeholders (such as customers and business management).
5. Recovered COVID-19 cases who have completed their isolation period are not required to be tested again before returning to work.

Further information for employers and employees regarding COVID-19 in the workplace is available at [COVID-19 in the workplace \(health.wa.gov.au\)](#).

## 4. Test, Trace, Isolate and Quarantine (TTIQ) in the WA community

### 4.1 Definition of a close contact

Irrespective of definitions, any person who experiences symptoms should [present for testing](#) immediately and isolate until the result is available.

A **close contact** is defined as:

- A household member or intimate partner of a person with COVID-19 who has had contact with them during their infectious period.
- Someone who has had close personal interaction with a person with COVID-19 during their infectious period, where they spent 4 hours of cumulative contact with them in a residential setting (including a home, residential care facility, boarding school, maritime vessel, or other accommodation facility) in any 24-hour period where masks have been removed by both people during the period of contact.
- Someone who has been advised by WA Health that they are a close contact.

### 4.2 Testing, Isolation and Quarantine

Table 1 outlines the guidelines that apply for COVID-19 cases and close contacts. These guidelines should be followed for anyone who does not fit within one of the specific settings in Section 5.3. Modification of these guidelines may occur in response to the changing epidemiological context in WA, and it is the responsibility of each workplace to monitor for changes on the [HealthyWA website \(healthywa.wa.gov.au\)](#).

While PCR testing remains the preferred test to diagnose COVID-19, RATs are being increasingly used in the community. A mandatory registration system for positive RAT results is in place and can be found at [Rapid Antigen Test \(RAT\) \(healthywa.wa.gov.au\)](https://www.health.wa.gov.au/rapid-antigen-test).

**Close contacts and the workplace**

Asymptomatic close contacts are not required to isolate (see requirements for close contacts in Table 1). It is recommended that close contacts notify their employer or educational setting of their close contact status and should work from home where possible for seven days. Close contacts who work in high-risk settings (aged care facilities, residential care facilities, health care settings and correctional facilities) may attend the workplace with additional precautions (see Table 1).

**Table 1. Case and close contact guidelines**

|   |   |
|---|---|
| <b>Confirmed COVID-19 case</b>  | <p>Isolate for a minimum of seven full days from date of positive test (Day 0)</p> <p>If symptoms still present after seven days, continue isolating until symptoms resolve; if symptoms have resolved after Day 7, leave isolation*</p> <p>No further testing or clearance by Public Health is required</p>  |
| <b>Symptomatic person who is not a close contact</b>                    | <p>Test and isolate until negative result received (PCR or RAT)</p>   |
| <b>Close contact who is asymptomatic</b>                                | <p>For a period of seven days from the date of the case's positive test (for household contacts), or from the last date of contact with the positive case (for other close contacts), asymptomatic close contacts must:</p> <ul style="list-style-type: none"> <li>• wear a face mask when leaving the house</li> <li>• avoid visiting high-risk settings<sup>^</sup> unless to attend work (see requirements in <i>Worker in a high-risk setting who is a close contact</i>)</li> <li>• return a negative RAT before leaving home on any day (unless under 2 years of age)</li> <li>• take a PCR test on Day 6 or final RAT on Day 7</li> <li>• work from home, where possible</li> </ul> <p>It is strongly recommended that close contacts:</p> <ul style="list-style-type: none"> <li>• avoid non-essential gatherings and contact with people at risk of severe illness</li> <li>• notify their employer/educational facility of their close contact status</li> </ul> <p>If a test is positive at any time – follow confirmed COVID-19 case guidelines</p> <p>If symptoms develop within 7 days of becoming a close contact, follow guidance for close contact who develops symptoms</p> |
| <b>Close contact who has symptoms</b>                                   | <p>Undertake a PCR or RAT test as soon as possible, and isolate immediately until at least symptoms resolve</p> <p>If test is positive at any time – follow confirmed COVID-19 case guidelines</p> <p>If a RAT test is performed in a symptomatic close contact (rather than a PCR) and the result is negative, a person must repeat the RAT in 24 hours</p> <p>If symptoms resolve within seven days of exposure to a COVID-19 case (and test results are negative), follow guidance in <i>Close contact who is asymptomatic</i></p> <p>If symptoms persist, remain isolated and take a PCR on Day 6 or RAT on Day 7. If Day 7 RAT is negative, remain isolated and repeat the RAT in 24 hours. If tests are negative, a person may leave isolation when symptoms have resolved</p>  |
| <b>Worker in a high-risk setting<sup>^</sup> who is a close contact</b> | <p>Asymptomatic close contacts may enter a high-risk setting<sup>^</sup> to attend work with the following requirements:</p> <ul style="list-style-type: none"> <li>• advise their employer that they are a close contact, and receive confirmation from their employer that the employer agrees to the person attending work</li> <li>• be fully vaccinated</li> <li>• return a daily negative RAT prior to leaving home</li> <li>• actively monitor for symptoms</li> <li>• leave the workplace and return home immediately if they develop symptoms or test positive</li> <li>• only remain at the high-risk setting<sup>^</sup> for the purpose of their work duties</li> <li>• wear a surgical mask at minimum (or another mask as required by workplace)</li> </ul>   |



- not share break areas with any other person at the high-risk setting<sup>^</sup>
- use reasonable endeavours to maintain a physical distance of 1.5m from other people in the workplace

\*In addition to the confirmed COVID-19 case guideline for isolation, in some high-risk clinical settings, confirmed cases who are significantly immunocompromised may be requested to meet additional testing criteria, per the [CDNA SoNG for COVID-19](#). Specific guidance for renal dialysis patients is available in [COVID-19 Guidelines for Renal Dialysis](#).

<sup>^</sup>Aged care facilities, residential care facilities (including disability care and mental health residential facilities), health care settings, and correctional facilities.

## 5. Test, Trace, Isolate and Quarantine for specific settings

All specific settings should be aware of industry specific TTIQ guidance available to them and incorporate this guidance into their outbreak response plans. See industry specific resources below.

### 5.1 Schools and early childhood education settings

The Public Health response to schools aims to minimise the rate of transmission whilst maintaining in-person educational opportunities for Western Australian children (Table 2).

**Table 2. TTIQ in school and early childhood (including long day-care) settings**

| Asymptomatic close contacts                |  |
|--|--|
| <b>Close contact is a student</b>          | <p>For a period of seven days after exposure to a COVID-19 case:</p> <ul style="list-style-type: none"> <li>• may attend school and extra-curricular activities</li> <li>• must wear a face mask when leaving the house (if ≥ 12 years old)</li> <li>• must avoid visiting high-risk settings<sup>^</sup></li> <li>• must undertake daily RAT testing (if ≥2 years old)</li> </ul> <p>It is strongly recommended that close contacts:</p> <ul style="list-style-type: none"> <li>• avoid non-essential gatherings and contact with people at risk of severe illness</li> <li>• notify their employer/educational facility of their close contact status</li> </ul> <p>If a test is positive at any time – follow confirmed COVID-19 case guidelines (Table 1)</p> <p>If symptoms develop within 7 days of becoming a close contact, follow guidance for close contact who has symptoms (Table 1)</p> |
| <b>Close contact is a staff member</b>     | Manage as close contact who is asymptomatic (Table 1)  |
| Symptomatic close contacts                 |  |
| <b>Close contacts who develop symptoms</b> | Manage as a close contact who has symptoms (Table 1)   |

<sup>^</sup>Aged care facilities, residential care facilities (including disability care and mental health residential facilities), health care settings, and correctional facilities.

Further guidance is available in [COVID-19 TTIQ Workplace Checklist – Schools and Early Childhood Education Settings](#).

### 5.2 Healthcare facilities

Key guidance for healthcare workers is available at [Transition policies and resources for healthcare workers \(health.wa.gov.au\)](#), which includes:

- [COVID-19 Framework for System Alert and Response \(SAR\)](#)
- [COVID-19 guidelines for healthcare practices in the community](#)
- [Infection Prevention and Control in Western Australian Healthcare Facilities](#)

### 5.3 Residential aged care facilities

The Commonwealth will undertake a joint response with the State for an outbreak in a RACF. The Commonwealth may provide case management support, PPE and RAT access, limited clinical response and workforce support as required, and surge testing.

Other key guidance for aged care and community care providers is available at

- [COVID-19 information for aged care and community care providers](#)
- [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#)
- [Outbreak management planning in aged care](#)
- [First 24 hours – managing COVID-19 in a residential aged care facility](#)
- [Managing a COVID-19 outbreak in residential aged care](#)

### 5.4 Remote Aboriginal communities

Remote Aboriginal Community Local Pandemic Plans, related WA Country Health Service (WACHS) or Aboriginal Community Controlled Health Service (ACCHS) Plans should be enacted in response to an outbreak. The WA Country Health Service's Regional Emergency Operations Centre (REOC) will monitor outbreak situations, including accommodation needs, and escalate if needed for State-level support. Support for road and air transport and evacuation will be provided by the SHICC when regional capacity is exceeded. The Commonwealth's Indigenous Operation Team should be informed of an outbreak in this setting. Important additional resources include:

- [CDNA national guidance for remote Aboriginal and Torres Strait Islander communities for COVID-19](#)
- [COVID-19 Health guidance for remote Aboriginal communities of Western Australia.](#)
- [The National Indigenous Australian Agency \(WA offices to support as appropriate\)](#)
- [COVID-19 Aboriginal Community Communications Package](#)

### 5.5 Congregate living (including mental health and disability hostels)

The Commonwealth may provide some additional support for disability hostels through the National Disability Insurance Scheme (NDIS), for example with PPE and testing access.

- [COVID-19 TTIQ Workplace Checklist Congregate Living Facilities](#)
- [Congregate living and large households – safe isolation for cases and close contacts \(\[health.wa.gov.au\]\(http://health.wa.gov.au\)\)](#)

### 5.6 Other settings

Important resources include:

- [COVID-19 TTIQ Workplace Checklist Industrial Facilities](#)
- [COVID-19 TTIQ Workplace Checklist Mining and Offshore Facilities](#)
- [COVID-19 TTIQ Workplace Checklist Secure Facilities](#)
- [COVID-19 TTIQ Workplace Checklist Abattoirs and Meat Processing Facilities](#)

## 6. How to escalate when assistance required

Check the available online resources available at [HealthyWA](#) and [DPC websites](#). Note that monitoring of the online resources is strongly recommended as the provided advice is subject to change based on the evolving situation and contexts.

Ask your regulator, peak body or other organisational representative body.

For general COVID-19 queries and issues, including welfare assistance, phone **13 COVID (13 26843)**.

For emergency medical care, phone **000**.

## 7. Other key companion documents

**Testing:** [COVID-19-Testing-Criteria-for-SARS-CoV-2-WA](#)

[CDNA COVID-19-SoNG](#)

**Tracing:** [CDNA COVID-19-SoNG](#)

**Isolating and Quarantining:** [CDNA COVID-19-SoNG](#)

**Workforce strategies:** [Working arrangements](#)

## 8. Public information

Guidance on COVID-19 testing, cases and close contact management, self-care at home and on staying safe available on the [HealthyWA website \(healthywa.wa.gov.au\)](#).

### Useful links:

- [What to do when you test positive for COVID-19 \(health.wa.gov.au\)](#)
- [What to do if you are a COVID-19 close contact \(health.wa.gov.au\)](#)
- [Guidance for preventing the spread of COVID-19 in the workplace \(health.wa.gov.au\)](#)
- [COVID-19 in the workplace – information for employers and employees \(health.wa.gov.au\)](#)
- [Quarantine and Isolation \(healthywa.wa.gov.au\)](#)
- [How do I quarantine/isolate safely? \(healthywa.gov.au\)](#)
- [COVID-19 close contacts \(healthywa.wa.gov.au\)](#)
- Infection prevention and control:
  - [Advice on how to access Personal Protective Equipment \(PPE\) \(health.wa.gov.au\)](#)
  - [Advice for use of PPE for non-healthcare workers in community settings \(health.wa.gov.au\)](#)
  - [Infection prevention and control advice on cleaning and disinfection in the workplace \(health.wa.gov.au\)](#)
- [WA COVID Care at Home \(healthywa.wa.gov.au\)](#)

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