

Category	Description	Actions for the Contact	Actions/Advice for Public Health/NITC/DHB
Healthcare workers who have been exposed to a case at work should follow instructions from their employer and/or refer to Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19 .			
No contact	General public and surveillance testing	<ul style="list-style-type: none"> Asymptomatic: self-monitor for symptoms Symptomatic: get a test, and stay at home until negative test result received AND until 24 hours after symptoms resolve 	<ul style="list-style-type: none"> None
Close contact	Household members of a case	<ul style="list-style-type: none"> Self-isolate from the day that the case receives their positive test result (or is notified as probable) until the case completes 10 days of self-isolation and is released Whole household has the same day 0 however household members only commence their isolation once the case has received a positive test result. Avoid or minimise contact with case to the greatest extent possible during the isolation period On day 3 and day 8 of isolation, the household members get a test Release when the first case in the household reaches day 10, provided the contact(s) have no new or worsening symptoms AND negative day 8 test If symptoms develop at any stage, commence 10 days self-isolation as a probable case; no test required If another household member tests positive at day 8, they commence their 10 days of self-isolation as a case, but the rest of the household who are negative can still be released when the first case reaches day 10 	<ul style="list-style-type: none"> Ensure household close contacts recorded in NCTS Inform household close contacts – individual or as household Daily symptom checks via email or phone call – individual or as household Monitor & follow-up test results (release test must be day 8 or later) Ensure welfare needs are identified and referred Clinical assessment, final symptom check and release Support critical infrastructure/health workforce to work using the Close Contact Exemption Scheme if required
	All other close contacts	<ul style="list-style-type: none"> Known contacts notified by text message; unknown contacts may be notified by Bluetooth Contacts may self-identify via Healthline or online form Contacts may be directly identified through the COVID-19 contact tracing form Self-isolate at home for 7 days post last exposure Test on day 5 post exposure Self-monitor for symptoms for 10 days If symptoms develop at any time during the 10 days, get an additional test immediately and stay at home until negative test result received AND until 24 hours after symptoms resolve Self-release after completion of 7 days isolation, provided no new or worsening symptoms AND negative day 5 test 	
Case	Confirmed with a PCR test	<ul style="list-style-type: none"> PCR to confirm positive RAT Notified by text message Complete online case investigation if possible Self-isolate at home for 10 days Avoid contact with other household members to the greatest extent possible during the isolation period Wear mask and physical distance in shared spaces Self-release after completion of 10 days of isolation 	<ul style="list-style-type: none"> Phone interviews for priority populations/incomplete forms/those who are unable to complete online case investigation form Manage complex case investigations and high risk exposure events Consider a managed isolation facility (MIF) in exceptional circumstances, for case and/or household members Clinical assessment, final symptom check and release, if required Note that symptom free should be interpreted as free from most acute COVID-19 symptoms and/or COVID-19 symptoms improving

Contact risk assessment

The following table should be used to guide assessment and management of contacts exposed during a case's infectious period.

The following table is **NOT** for:

- household - they are managed as a 10-day bubble with the case
- contacts in schools or workplaces - separate guidance has been developed for these settings; or
- contacts in healthcare - refer to **Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19**.

NOTE: An individual public health risk assessment should be carried out for contacts in residential facilities including aged care, correctional centres or other settings where cases and contacts interact frequently with people at high risk of severe illness.

It may also be required in other circumstances such as some indoor settings, including events attended by large numbers of people.

	Close					Casual			
	Close range contact			Higher risk indoor contact		Low risk contact			
	Contact was ≤ 1.5m from case			Contact was > 1.5m away from case & no close-range contact		Contact had no close range contact or higher risk indoor contact			
Type of interaction	Direct contact with respiratory secretions or saliva (indoors or outdoors) OR Face to face contact with a case who is forcefully expelling air/secretions FOR ANY DURATION OF TIME REGARDLESS OF MASK USE	Indoor face to face contact for more than 15 minutes	Non-face to face contact for more than 1 hour in an indoor space	Indoor settings without good airflow/ventilation: <ul style="list-style-type: none"> a small space (< 100m²) for more than 15 minutes a medium sized space (100-300m²) for more than 1 hour 	Indoor settings at higher risk of transmission when present for more than 1 hour : <ul style="list-style-type: none"> case behaviours such as singing, shouting, smoking/vaping, playing wind/brass instruments, dancing, exercise large numbers of people and crowding 	Large indoor settings (bigger than 300m ²) if none of the previous close criteria are present	Small/medium sized indoor venues (less than 300m ²) with good air flow/ventilation for up to 2 hours	Brief indoor (<15 minutes) contact regardless of distance from case	Outdoor settings any distance from case FOR ANY DURATION OF TIME
Examples	Kissing, spitting, hongi, sharing cigarettes or vapes, sharing drinks/utensils Singing, shouting, coughing, sneezing Contact sports (heavy breathing related to exertion)	Having a conversation Sitting across a table from someone	Sitting within 1.5m of someone but not having a conversation	Small offices, toilet blocks Close contact businesses such as hairdressers Buses, trains, taxis School classrooms Restaurants, cafes, bars	Bars and pubs Social gatherings Indoor, high intensity sports Gyms and indoor recreation settings Church sessions	School and community halls, exhibition centres, hardware stores, supermarkets	Well ventilated classrooms/offices/waiting rooms	Conversations <15 mins Passing each other in the corridor Sharing an elevator Collecting takeaways, click & collect services	Most outdoor recreation activities, including outdoor dining Non-contact outdoor sports Petrol station forecourts

Mask use

Mask use is not included in this table currently but is included in the tables developed for workplaces and schools. This is because in order to provide sufficient protection to warrant down-categorisation of contacts, masks must be of sufficient quality (e.g. medical masks or cloth masks of sufficient thickness) and must be worn consistently. This is difficult to confirm outside of settings such as schools and workplaces where there are mask wearing policies and multiple observers of compliance.

In addition, mask use does not provide indefinite protection from infection. Evidence suggests the protective effect of mask use is unlikely to last beyond 2 hours, and is likely to be less if the case wearing the mask has high risk behaviours such as singing, shouting, heavy exertion.