

COVID-19 transmission risk assessment: Public venues

Purpose

When a case has been in a public venue (e.g. restaurant, pub, gym, sporting venue, place of worship) during their infectious period, an assessment of the risk for transmission is undertaken as part of the contact tracing process. This should be conducted as soon as possible (preferably within six hours of the venue being identified as a location of interest). This document provides guidance to undertake that risk assessment.

The risk of transmission of COVID-19 is a product of the environment, the behaviour of the infectious person and the proximity to others. To inform risk assessment some of this information can be obtained through interviews with the case and contacts. Where required, a site assessment can provide further evidence to:

- further clarify the transmission risk, particularly to identify higher risk enclosed venues
- establish the parameters for contact tracing associated with that venue
- provide guidance to the venue management
- determine the need for public messaging.

Higher risk enclosed venues

Experience indicates COVID-19 transmission has occurred within certain types of enclosed venues (including places of worship, pubs and restaurants) in shorter timeframes than the generally accepted two hours. In these premises, transmission risk is likely to be increased due to poor social distancing, together with activities such as singing, shouting or talking loudly. Any premises in which these risks are identified will usually be classified as a higher risk enclosed venue.

In higher risk enclosed venues, the definition of close contacts is taken as follows:

- one hour or more in the same room and at the same time as the case (this contrasts with two hours in the same room, which applies to other venues and settings).
- 15 minutes or more face-to-face contact with the case. However, if the case has undertaken a high-risk activity such as singing, loud talking or exercise (including dancing) in the venue close to others, this could lower the time threshold for inclusion as a close contact.

Other venues: standard risk

For large indoor spaces, such as shopping malls, it is important to ascertain whether the case would have spent more than 15 minutes for face-to-face contact or two or more hours in any store accumulative over a 7-day period. If so, persons with whom the case came into contact should be considered close contacts and followed up accordingly. Other types of possible contact such as walking within the shopping centre and short visits to stores would be considered casual contact.

Large indoor/outdoor venues, such as warehouses or theme parks, would be considered lower exposure risk (casual contact) unless the case spent more than 15 minutes for face-to-face contact with any person at the location; the person should then be considered a close contact and followed up accordingly.

Considerations for assessing type of contact at a specific site

- Obtain a rough map or layout of the premises, including separate function/activity areas, e.g. via internet search or directly from management.
- Ask for access to customer contact information collected by venues (if and where available).
- If available, request CCTV footage to try and identify close contact or a case's movements.
- Establish the whereabouts of the case in time and place within the venue, seeking to determine which particular areas the case was (and was not) in and looking for as much precision as possible about the timeline. Identify any high-risk activity undertaken by the case, e.g. singing, loud talking, exercise, time spent in check-out lines or other queues.
- Identify the degree of crowding and mixing at the premises during the relevant time period/s.
- Note the level of uncertainty around these details.
- Obtain lists of customers/staff/other persons who were at the premise during the relevant period/s and undertake an assessment of the level of risk to identify close contacts, casual contacts and persons whose level of contact is uncertain.
- With case consent, COVIDSafe App data uploaded from the case's phone may assist with identification of close contacts.

Venue assessment

- Consult with the COVID IMT and/or a PHU Physician/Director from another PHU where there is doubt. Where there is uncertainty, a conservative approach should be taken.
- Identify high risk and standard risk venues.
- Identify the groups of people who would be considered close/casual contacts.
- Determine whether the close contacts can be ascertained by name and contact details.

Follow-up

- All messaging should include usual advice about getting tested and isolating oneself if symptomatic (however mild).
- All persons identified as potential close contacts should be traced directly (phone call, SMS, email) and, once confirmed as close contacts, be quarantined and managed accordingly.
- Casual contacts who are identified through patron and staff lists can be contacted in a mass SMS or email message.
- Casual contacts will be advised to monitor for symptoms and get tested immediately if they become unwell. If tested, they should isolate themselves until they receive their test result.
- Where venues pose some risk to members of the community, media and website information should be utilised. The [online contact tracing self-assessment tool](#) on the Queensland Health contact tracing webpage can also be used by members of the community.

The PHU will:

- undertake venue assessments and determine transmission risk
- notify the COVID IMT of findings
- identify and phone all close contacts
- contact all persons identified as potential close contacts to determine contact status
- quarantine all persons identified as close contacts and manage them accordingly
- issue quarantine notices
- ensure that details of close contacts are placed on WorldCare and DCOVA
- develop a list of venues by time and place for public messaging. There is often substantial time pressure for this.
- where there is a large number of close contacts to be traced:
 - alert the COVID IMT of the situation

- advise COVID IMT if assistance is required, in which case COVID IMT will seek support from other PHUs and/or HCC.
- obtain and maintain accurate contact information
- consider use of mass SMS service to contact close contacts using the list of patrons obtained by the PHU and liaise with the COVID IMT in instances where this is not possible so alternative processes can be put in place. Messaging is to advise that they will be contacted by Queensland Health in the near future and should quarantine until that time, and will include a reminder to be tested if they have COVID symptoms, however mild.
- alert the venue that it will appear in the media release and on the website for all close contacts. These are the venues provided on the Contact Tracing Alert List and Airlines for which flight information is provided.

The COVID IMT will:

- include venue in the media update
- arrange for the venue to be listed on the [Queensland Health contact tracing webpage](#) (Listing venues in the media and on the website enables people who are contacted by the contact tracers to verify the call by checking the website.)
- provide or coordinate further support as required.

If a casual contact from a venue becomes a case

- If a person who attended a venue and had been defined as a casual contact (and has no other known interaction with the case or close contact with any other case) subsequently becomes a case, then other people who were at the venue at the same time as the case while infectious may become close contacts in which case the same actions as for close contacts should be taken.
- The PHU should risk assess which of those casual contacts are reassigned as close contacts in conjunction with COVID IMT and manage them accordingly, including the issuance of a quarantine notice.

Targeted regulation

The PHU should review the COVID-19 Safe Plan and/or checklist of venues where transmission may have occurred to identify and close gaps in their planning and compliance.