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Healthcare with Potential Exposure to COVID-19

Last Updated 04-07-2020

| Epidemiologic Risk Factors | Exposure Category | Recommended Monitoring for COVID-19 (until 14 days after last potential exposure) | Work Restrictions for Asymptomatic HCP |
|---|-------------------|---|---|
| Prolonged close contact ^a with a COVID-19 patient who was wearing a facemask (i.e, source control) | | | |
| HCP PPE: none | Medium | Active ^b | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing a facemask or respirator | Medium | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing eye protection | Low | Self with delegated supervision ^c | None |
| HCP PPE: Not wearing gown or gloves ^d | Low | Self with delegated supervision | None |
| HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) | Low | Self with delegated supervision | None |
| Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e, no source control) | | | |
| HCP PPE: None | High | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing a facemask or respirator | High | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing eye protection ^e | Medium | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing gown or gloves ^{d,e} | Low | Self with delegated supervision | None |
| HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^e | Low | Self with delegated supervision | None |

HCP = healthcare personnel; PPE = personal protective equipment

Additional Scenarios:

- Prolonged exposure (A person who was in a closed environment (e.g. classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 2 metres ¹)
- Refer to the footnotes below for scenarios that would elevate the risk level for exposed HCP. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a

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respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.
- HCP not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient's secretions/excretions; entering the patient room immediately after the patient was discharged.
- HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.

Recommendations for Monitoring Based on COVID-19 Exposure Risk for HCP:

| HCP Exposure Category | Isolation/home monitoring | Return to work | Recommendations for development of signs/symptoms ^f |
|--|---------------------------|--|--|
| High-risk (close prolonged contact > 15 min), no appropriate PPE, specifically no mask and/or face shield/eye protection | 14 days | 14 days | Self-Isolate Monitor fever and symptoms daily for 14 days |
| Medium-risk (exposure is > 5 minutes but < 15 minutes, 2 or more low risk exposures), no appropriate PPE, specifically no mask and/or face shield/eye protection | 14 days | 14 days | Self-Isolate for 14 days Monitor fever and symptoms daily for 14 days |
| Low-risk (duration of exposure is < 5 minutes and no aerosolizing procedure of any kind), no appropriate PPE, specifically no mask and/or face shield/eye protection | None | Return to work with face mask on for 14 days | Place face mask Face mask at work for 14 days Monitor fever and symptoms daily for 14 days |

HCP should monitor temperature daily for fever^f and symptoms. If HCP develops fever^f or even mild symptoms consistent with COVID-19^f they must cease patient care activities, notify their supervisor and occupational health prior to leaving work.

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Return to work:

1. COVID 19 confirmed diagnosis, symptomatic HCP

A. Non-test-based strategy

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*.

B. Test-based strategy (a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing, currently not recommended).

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- Negative results of two nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).

^aClose contact for HCP defined as: a) being within approximately 6 feet of a person with COVID-19 for a prolonged period of time or b) having unprotected direct contact with infectious secretions or excretions of a person with COVID-19. Prolonged exposure defined as greater than a few minutes. Brief exposure defined as less than a few minutes (ex, brief conversation at triage desk with a person who was not wearing a facemask)

^aProlonged period of time: A person who was in a closed environment (e.g. classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 2 metres ¹

^b Active monitoring: state or local public health authority assumes responsibility for establishing regular communication on a daily basis

^c Self-monitoring includes checking temperature twice daily and monitoring for respiratory symptoms consistent with COVID-19 (ex, cough, shortness of breath, sore throat). On scheduled workdays, temperature and symptom checking done by HCP's department PRIOR to starting work

^d The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

^e The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).

^f Signs/symptoms = fever $> 100^{\circ}\text{F}$ (or subjective fever) OR respiratory symptoms consistent with COVID-19 (ex, cough, shortness of breath, sore throat, loss of smell or taste)

CDC Emergency Operations Center: 770-488-7100

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References:

1. Case definition and European surveillance for COVID-19, as of 2, March 2020
<https://www.ecdc.europa.eu/en/case-definition-and-european-surveillance-human-infection-novel-coronavirus-2019-ncov>
2. Data from WHO, UPDATED 3.19.2020
https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf
3. Data from CDC, UPDATED 3.7.2020 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#table1>;