

EVMS

MEDICAL GROUP

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

EVMS

MEDICAL GROUP

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.

EVMS

MEDICAL GROUP

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

EVMS

MEDICAL GROUP

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>;