

Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations 3/7/20

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

High Risk: exposures refer to HCP who have had **prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.** Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

Medium-risk exposures generally include HCP who had prolonged close contact with **patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.** Some *low-risk* exposures are considered *medium-risk* depending on the type of care activity performed. 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.** If an aerosol-generating procedure had not been performed, they would have been considered *low-risk*.

Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with **patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator.** Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Recommended Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e. source control)			
HCP PPE: None	Medium	Report to work wearing surgical mask while asymptomatic. F/U with Occ. Health for daily monitoring of temperature and symptoms & if there are any changes in disposition for 14 days after exposure.	None
HCP PPE: Not wearing a facemask or respirator	Medium	Report to work wearing surgical mask while asymptomatic. F/U with Occ. Health for daily monitoring of temperature and symptoms & if there are any changes in disposition for 14 days after exposure.	None
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None

Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations 3/7/20

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Recommended Work Restrictions for Asymptomatic HCP
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 9 days, if asymptomatic, return to work with surgical mask until 14 days post-exposure. Temp check and Occ. Health evaluation daily
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude 9 days, if asymptomatic, return to work with surgical mask until 14 days post-exposure. Temp check and Occ. Health evaluation daily
HCP PPE: Not wearing eye protection ^b	Medium	Report to work wearing surgical mask while asymptomatic. F/U with Occ. Health for daily monitoring of temperature and symptoms & if there are any changes in disposition for 14 days after exposure.	None
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^b	Low	Self with delegated supervision	None
Criteria for Return to Work for HCP with Confirmed or Suspected COVID-19			
HCP tested positive	Exclude from work until:	Resolution of Fever without use of fever-reducing medications & Improvement of Respiratory symptoms &	Negative results from 2 consecutive NP swab specimens >= 24 hrs apart

Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations 3/7/20

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Recommended Work Restrictions for Asymptomatic HCP
HCP not tested, but suspected		Minimum of 3 days have passed since recovery defined as resolution of fever without fever reducing meds and improvement in resp sx &	At least 7 days have passed since sx first appeared

After return to work:

- wear a facemask at all times while in the facility until all sx completely resolved or until 14 days after illness onset, whichever is longer
- Restricted from contact with severely immunocompromised patients until 14 days after illness onset
- Adhere to hand hygiene, resp. hygiene, cough etiquette...
- Self monitor for sx, seek re-eval if resp sx recur or worsen

In times of staffing shortages, if determined appropriate, HCP to be evaluated by Occ. Health to determine appropriateness of earlier return to work than above, but still adhere to recommendations.

HCP: Healthcare Personnel PPE: Personal Protective Equipment

Note: While respirators confer a higher level of protection than facemasks, and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into our assessment of risk.

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Data are limited for definitions of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.

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.

Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations 3/7/20

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to SARS-CoV-2 (such as in a household), i.e., “contacts of contacts;” these people are not considered exposed to SARS-CoV-2.

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (<i>until 14 days after last potential exposure</i>)	Recommended Work Restrictions for Asymptomatic HCP
HCP with travel risk to geographical area/country/community with widespread transmission or contact hx		Return to work with a mask, self-monitor for 14 days	None
HCP with travel or contact hx WITH SYMPTOMS	HIGH		Remove from work, test if possible see previous recommendations