

## Infection Prevention Department

### Frequently Asked Questions for COVID-19 Exposures

#### 1. **WHO DETERMINES WHAT IS AND WHAT IS NOT AN EXPOSURE?**

Infection Prevention will gather information, usually from department managers, to make the determination of exposure. When notified of a possible exposure to an infectious disease, IP will first verify that an exposure has occurred, and then conduct a risk assessment to provide follow-up recommendations. Determining exposures consists of more than just being in the same vicinity as an infectious person. IP will communicate to the department managers what types of information are required. This information may consist of such things as PPE use by both the infectious person and the staff member, duration of time, proximity of the person in question, procedures or treatments being performed, external environment where the possible exposure occurred, etc. More detailed information can be obtained by reviewing the CMH Occupational Exposure to Communicable Diseases policy available on the Portal.

#### 2. **WHAT ARE CONSIDERATIONS FOR A EXPOSURE TO COVID-19?**

**Duration and proximity:** prolonged contact of >15minutes, within 6 feet of a confirmed positive case or their secretions.

**PPE use:** HCP not wearing a respirator or face mask, HCP not wearing eye protection when infectious person not wearing a face mask or cloth covering, HCP not wearing all recommended PPE when performing an aerosol-generating procedure.

#### 3. **WHAT ARE THE WORK RESTRICTIONS?**

Exposed HCP are excluded from on-site work. If they have an opportunity to work from home and are up to it, they may work remotely but are restricted from coming on campus and potentially exposing other staff and patients. The ability/necessity of working remotely is determined by the individual departments. While on work restriction, staff should monitor themselves daily for symptoms consistent with COVID-19. If fever or symptoms develop, **IMMEDIATELY CONTACT OCCUPATIONAL HEALTH**. If the HCP remains **ASYMPTOMATIC**, they may return to work **14 days** after the last exposure.

#### 4. **WHO GETS TESTED?**

The CDC recommends that testing an asymptomatic exposed employee is not necessary. It can deplete our testing ability and the results don't change the recommendations for asymptomatic people. If symptoms develop, testing may be warranted and will be considered on a case by case basis in consultation with the Hospital Epidemiologist.

#### 5. **WHEN IS AN EXPOSURE DETERMINED TO BE A "NO WORK RESTRICTION/NO TESTING"?**

When there is a HCP with exposure risk OTHER than within 6', >15 minutes, without proper PPE, the recommendation is to follow all infection prevention and control practices (face mask at all times while at work, self-monitor for fever or symptoms, stay home when ill, active screening at start of shift), but there are no work restrictions and no testing is required.

#### 6. **I HAVE A POSITIVE TEST, NOW WHAT?**

Confirmed positive HCP are divided into asymptomatic versus symptomatic groups when determining when they may come back to work. **Asymptomatic HCP** who are not severely immunocompromised can usually return to work 10 days past their positive test. If severely immunocompromised, they must stay home at least 20 days past their positive test. **Symptomatic HCP** with mild/moderate illness who are not immunocompromised must wait at least 10 days past the date of their positive test, be afebrile for at least 48 hours without fever-reducing meds, and symptoms showing significant improvement. The final group is symptomatic HCP with severe/critical illness OR are severely immunocompromised. They must wait at least 20 days past their positive test date, and be

afebrile for at least 48 hours without fever-reducing meds, and improvement of symptoms. Note that all HCP must report the status of symptoms to Occupational Health before getting clearance for work, and all HCP returning from a positive test must wear a face mask at all times until symptoms are completely resolved.

**7. IF I AM EXCLUDED FROM WORK DUE TO AN EXPOSURE, DO I HAVE TO USE MY CHOICE TIME?**

If you're excluded from work due to an exposure, you can access your ESB immediately.

ESB is 60% of your pay, and you may use choice time for the other 40%. If you are out work for the entire 10 days, and tested positive, 3 days may be paid by workman's comp.

**8. I HAVE VULNERABLE PEOPLE AT HOME, HOW CAN I BEST PROTECT THEM NOW THAT I HAVE BEEN EXPOSED?**

Monitor your symptoms and wash your hands frequently. Clean all surfaces and avoid sharing person items with others. As much as possible, stay in a designated room and away from others in the household. When you cannot separate from others in the home, wear a face mask and if you are symptomatic, make sure you are covering your coughs and sneezes.

**9. WHAT IS MEANT BY "NEEDING TO QUARANTINE"?**

**Quarantine** is a technique used when you have had close contact with a COVID positive person but you are not symptomatic. It involves staying at home and away from others to prevent potentially spreading the virus to co-workers, patients, family and friends. Based on CDC recommendations, exposed persons need to quarantine at home for 14 days after a high risk exposure. During this time you should monitor yourself for any symptoms and report to Occupational Health immediately if you note any. Depending on exactly what your exposure was, you may be tested for COVID. Not all exposures warrant testing, but all exposed staff must quarantine for the full 14 days. Quarantine is a way to limit possible exposures just in case the quarantined person turns out to be positive.

*In certain instances, based on where you work and what you do, you may be allowed to come back if you don't have symptoms after 10 days with a mask and monitoring symptoms, but are required to quarantine outside of work for an additional 4 days at home.*

**10. HOW LONG AFTER I'M EXPOSED TO A COVID+ PERSON CAN I START SPREADING IT TO OTHERS?** Once someone is exposed, the incubation period, or how long it takes for the virus to replicate enough to make you sick and/or spread to someone else, is 2-14 days. This is why an exposed person is quarantined for 14 days. We generally see most people becoming positive before day 6.

**11. ONCE I'M SICK, HOW LONG AM I INFECTIOUS?** Based on what is currently known about the disease, scientists believe that persons with mild to moderate disease can shed virus capable of replicating (infectious) for 10 days. Immunocompromised persons may shed for a longer period of time, 20 days. To come back to work after being diagnosed with COVID-19, it must be 10 days after you started with symptoms and 48 hours without a temperature while not taking fever reducing medication (i.e. ibuprofen). Occupational Health needs to clear anyone coming back to work after a COVID infection.

**12. WHAT IS THE DIFFERENCE BETWEEN AN EXPOSURE AND AN OUTBREAK?**

An **outbreak** is an increase over the expected occurrence of an event, such as a disease, over a specific period of time, in a specific population, or location. Infection Prevention and the Hospital Epidemiologist identify, confirm, and investigate outbreaks, and report them to the Maine CDC.

An **exposure** in healthcare is usually considered to be contact with a person or object in such a way that is capable of transmitting a communicable disease. Depending on how a disease is transmitted, the definition for an exposure may be different.

The definition for an exposure to COVID-19 is coming in contact with a confirmed person or their secretions <6 feet, >15 minutes, without wearing the proper PPE (personal protective equipment): masks and eye protection.

### **13. WHAT DO WE MEAN BY SOURCE CONTROL?**

Controlling an infection at its source is the most effective way to deal with an infectious risk. In the case of respiratory illnesses, this means placing a mask on the infected person to stop their droplets before they have a chance to contaminate a surface or contact someone else's mucous membranes (eyes, nose, and mouth). Healthcare personnel (HCP) masking combined with good source control can interrupt the chain of disease, limit exposures, and eliminate outbreaks. This is the reason we require that patients mask when possible if out in the hall, being transported, or when a HCP is in the room providing care.

### **14. WHAT IS THE DIFFERENCE BETWEEN DROPLET AND AIRBORNE TRANSMISSION?**

**Droplet transmission** indicates that a pathogen is transmitted by relatively large respiratory droplets (>5microns) that are created when speaking, coughing, or sneezing. This category includes many common respiratory viruses and bacteria such as influenza, pertussis, the common cold, RSV, and corona viruses. These droplets can be stopped by a surgical mask or a good quality cloth mask. Like other corona viruses, COVID-19 is transmitted primarily by droplets which is why we advocate masking. **Airborne transmission** indicates a pathogen that can be transmitted through the air, either on its own, or by the generation of aerosolized particles. To cause disease, these organisms must be able to remain infectious when suspended in the air. Examples of diseases that spread via the airborne route include TB, measles, small pox, chicken pox. It is thought that the virus causing COVID-19 can remain infectious when airborne for a period of time, although that is not its primary mode of spread. Therefore, HCP need to be aware of what procedures have the potential for causing aerosols. Airborne transmission requires an N95 respirator, PAPR or CAPR.

### **15. WHAT IS AN AGP?**

AGP stands for Aerosol Generating Procedure. Certain procedures done in healthcare settings have a high probability of creating aerosols. In a COVID-19 positive patient, this can result in aerosolizing the virus, resulting in airborne transmission. For this reason, when performing an AGP, airborne precautions must be taken, such as an N95 respirator. Some examples of AGP are: intubation, extubation, nebulizer treatments, bronchoscopy, CPR, tracheostomy, high-flow nasal cannula.

### **16. WHY DO I NEED EYE PROTECTION AND ARE MY GLASSES ENOUGH?**

Your eyes are a mucous membrane and the virus has an affinity for mucous membranes. Eye protection is particularly important when a patient cannot mask because the tiny droplets can infect you through your eyes. Standard glasses are not adequate to protect you, the lenses are not large enough and the sides are open. Failure to wear eye protection has resulted in many of our exposures.

### **17. WHERE CAN I GET MORE INFORMATION?**

The federal CDC website has a large amount of COVID-19 information. You can also dial 211 to get information by phone from the Maine CDC. If you have questions about exposures, risk assessment, work restrictions, isolations, etc., please contact Infection Prevention.