Management of Health Care Personnel Exposed to 2019 Novel Coronavirus (COVID-19)

Healthcare Personnel (HCP) definition: For the purposes of this document, HCP are defined as all paid and unpaid persons serving in a ChristianaCare healthcare setting, who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices and equipment; contaminated environmental surfaces; or contaminated air.

Exposure Risk Categories:

Body fluids other than respiratory secretions have not been clearly implicated in transmission of COVID-19; however, until further data are available, unprotected contact with other body fluids (e.g., blood, stool, vomit, and urine) should be considered as a potential exposure.

Other factors to consider when assigning risk include:

- Duration of exposure
- Clinical symptoms of the patient (e.g., coughing likely increases risk)
- Use of facemask by the patient
- Whether an aerosol-generating procedure was conducted
- Type(s) of PPE used by the HCP

Data on the risk of transmission of COVID-19 are currently incomplete and the precision of current risk assignment is limited. The risk classification below will be applied to **asymptomatic** HCP exposed to a confirmed COVID-19 case *in healthcare settings*. Those exposed to a person under investigation (PUI) for COVID-19 who is not yet confirmed should perform self-monitoring until results are available but can continue to work as scheduled.

HCP who themselves have traveled from areas where COVID-19 is circulating may be subject to quarantine, active daily monitoring and/or self-monitoring, per state and local health department jurisdiction and ChristianaCare policies. HCP who have close contact with a known/suspected COVID-19 case outside of work, should notify their manager and EHS. Contact with another person who is under quarantine for COVID-19, but remains well, does not require any additional action by the HCP.

Risk Levels:

- High risk: generally refers to HCP who have had prolonged close contact with COVID-19 patient who was not wearing a facemask, while *the healthcare providers' nose or mouth were not protected*, OR being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., CPR, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on COVID-19 patients *when the healthcare providers' eyes, nose, or mouth were not protected*.
- Medium risk: generally refers to HCP who had prolonged close contact with COVID-19 patients where HCP mucous membranes or hands were exposed to potentially infectious materials.
- Low risk: HCP either with brief interactions without PPE, or those who cared for COVID-19 patient while maintaining proper adherence to currently recommended infection control practices, including all recommended PPE.
- No identifiable risk: HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions, and no entry into patient room.

Types of monitoring:

- Self-monitoring: HCP should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat), under supervision of Employee Health Services, the state health department or Infection Prevention.

- Active monitoring: the state health department or Employee Health Services will establish at least daily contact with potentially exposed people to assess for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat).

**For the purposes of this guidance, 'unprotected' means not wearing any PPE over the specified body part. For example, unprotected eyes, nose and mouth mean HCP are not wearing eye protection and either facemask or respirator.*
[§]Close contact for healthcare exposures is defined as (a) being within approximately 6 feet of a person with 2019-nCoV infection for a prolonged period of time (such as caring for or visiting the patient) – or *– (b) having unprotected direct contact with infectious secretions/excretions of the patient (e.g., being coughed on, touching used tissues with bare hands).*

Identification of risk: See Table.

Management of COVID-19 Exposure Risk Groups:

- **High Risk Exposures**
  - Active monitoring, including restriction from work in any healthcare setting until 14 days after last exposure
  - ChristianaCare employees will be furloughed with pay. If working remotely is possible in their position, they should discuss these options with their manger.
  - If any fever (measured temperature >100°F or subjective fever) OR respiratory symptoms consistent with COVID-19 infection (e.g., cough, shortness of breath, sore throat):
    - Immediately self-isolate **and**
    - Employees should notify Employee Health Services (302-733-1900, ask for EHS NP on call) promptly so that they can coordinate consultation and referral for further evaluation
    - Non-employees (community/contracted Medical-Dental staff, contracted staff, students, volunteers, etc.) should notify Infection Prevention (302-733-1900, ask for Infection Preventionist on call) promptly so that they can coordinate consultation and referral for further evaluation.
- **Medium Risk Exposures**
  - Active monitoring until 14 days after last exposure
  - The decision to furlough, work remotely, reassign to non-patient care activities, or continue usual work activities will be made on a case-by-case basis.
  - If any fever (measured temperature >100°F or subjective fever) OR respiratory symptoms consistent with COVID-19 infection (e.g., cough, shortness of breath, sore throat):
    - Immediately self-isolate **and**
    - Employees should notify Employee Health Services (302-733-1900, ask for EHS NP on call) promptly so that they can coordinate consultation and referral for further evaluation.
    - Non-employees (community/contracted Medical-Dental staff, contracted staff, students, volunteers, etc.) should notify Infection Prevention (302-733-1900, ask for Infection Preventionist on call) promptly so that they can coordinate consultation and referral for further evaluation.
- **Low Risk Exposures**
  - Self-monitoring until 14 days after the last potential exposure
  - No work restrictions
  - Check temperature twice daily, and remain alert for respiratory symptoms consistent with COVID-19 infection (e.g., cough, shortness of breath, sore throat), including before reporting for work

- Temperature and symptom screen will be recorded electronically.
- If they develop fever (measured temperature > 100°F or subjective fever) OR respiratory symptoms:
  - Immediately self-isolate **and**
  - Employees should notify Employee Health Services (302-733-1900, ask for EHS NP on call) promptly so that they can coordinate consultation and referral for further evaluation
  - Non-employees (community/contracted Medical-Dental staff, contracted staff, students, volunteers, etc.) should notify Infection Prevention (302-733-1900, ask for Infection Preventionist on call) promptly so that they can coordinate consultation and referral for further evaluation

Instructions for HCP Potentially exposed to COVID-19

The following topics should be addressed when educating potentially exposed HCP:

- Why these steps are being taken: If necessary, work exclusions and active monitoring are essential to prevent healthcare-associated infections. The purpose of ongoing home monitoring is to ensure that HCP do not develop symptoms of COVID-19 in the 14 days after the last exposure, and to ensure they get prompt evaluation and treatment if they do develop symptoms. For those with low-risk exposures are less likely to develop COVID-19, self-monitoring for fever or respiratory symptoms is important to ensure that the HCP receives adequate testing and care, as well as to prevent exposures.
- Plan for work exclusion and monitoring: facility processes for work exclusion, active monitoring and self-monitoring.
- Appropriate monitoring for symptoms: Staff will instruct HCP on how to monitor for fever or respiratory symptoms. HCP should not come to work while ill. Staff will ensure that excluded HCP have thermometers and, if supply allows, provide regular masks for use should they become symptomatic.
- Social distancing: Those with exposures that necessitate work exclusion and active monitoring will also need to avoid congregate settings, the sharing of personal household items, and any airplane travel for 14 days after the last exposure.
- What the HCP will do if they become symptomatic: HCP should self-isolate in their home should they become symptomatic. Mildly symptomatic HCP are not required to seek care solely for the purposes of COVID-19 testing, but they should do so if they require medical evaluation or intervention. If seeking care, the HCP should first call their doctor or local hospital to inform that they are being monitored for COVID-19 and will need follow-up medical care and testing. They should first call either

Source: CDC UPDATED 3.12.2020

Scenario	Risk Category	HCP PPE					Recommended monitoring	Work Restrictions for Asymptomatic HCP
		Respirator	Facemask	Eye protection	Gloves	Gown		
Prolonged close contact with COVID-19 patient wearing a facemask (i.e., source control)	Medium	-	-	-	-	-	Active	Case-by-case
	Medium	-	-	-	+	+	Active	Case-by-case
	Low	+	-	-	+	+	Self	None
	Low	-	+	-	+	+	Self	None
	Low	+		+	-	-	Self	None
	Low	-	+	+	-	-	Self	None
	Low	x	-	+	+	+	Self	None
	Low	-	+	+	+	+	Self	None
Prolonged close contact with COVID-19 patient NOT wearing a facemask (i.e., NO source control)	High	-	-	-	-	-	Active	Exclude for 14 days
	High	-	-	+	+	+	Active	Exclude for 14 days
	Medium	+	-	-	+	+	Active	Case-by-case
	Medium	-	+	-	+	+	Active	Case-by-case
	Low	+	-	+	-	-	Self	None
	Low		+	+	-	-	Self	None
	Low	+	-	+	+	+	Self	None
	Low	-	+	+	+	+	Self	None
Present in room for aerosol-generating procedures*	High	+	+	-	+	+	Active	Exclude for 14 days
	Medium	-	+	+	+	+	Active	Case-by-case
Extensive body contact with patient (e.g., rolling the patient)	Medium	-	+	+	-	-	Active	Case-by-case
	Medium	+	-	+	-	-	Active	Case-by-case

* Including but not limited to:	Intubation, extubation and related procedures such as manual ventilation and open suctioning
	Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
	Bronchoscopy
	High-frequency oscillating ventilation (HFOV)
	High-flow nasal oxygen (HFNO), also called high-flow nasal cannula
	Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
	Induction of sputum
	Medication administration via continuous nebulizer
	Surgery and post-mortem procedures involving high-speed devices
	Some dental procedures (such as high-speed drilling)