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| Phelps Health | Title: HCP Exposure to COVID-19 | Reference Word: Exposure, COVID-19 |
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Purpose: To provide guidance in the protection of healthcare personnel (HCP) who have an occupational exposure to the Novel Coronavirus (COVID-19).

Policy: This guidance is based on currently available data about COVID-19. The signs and symptoms described are broader than those described when assessing exposures for individuals not working in healthcare. Phelps Health will have a low threshold for evaluating symptoms and making recommendations for testing symptomatic HCP, particularly those who fall in the high and medium risk categories as later described.

Definition:

Healthcare personnel: all paid and unpaid persons serving in healthcare settings 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.

Self-monitoring: HCP will monitor themselves for fever by taking their temperature twice a day and remain alert for development or worsening of respiratory symptoms (e.g., cough, shortness of breath, sore throat).

Active Monitoring: the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms. For HCP with high or medium risk exposures, CDC recommends this communication occur at least once each day. Active monitoring can be delegated by the health department to the Phelps Health Occupational Health or Infection Prevention departments.

Self-Monitoring with delegated supervision: HCP perform self-monitoring with oversight by their healthcare facility’s occupational health or infection prevention program in coordination with the health department of jurisdiction. On days HCP are scheduled to work, consideration should be made to measure temperature and assess symptoms prior to starting work. This could be communicated through telephone calls or an electronic or internet based method of communication.

Close contact: for healthcare exposures is a.) being within approximately 6 feet 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 bare hand).

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Factors for consideration include the duration of exposure, clinical symptoms of the patient, and whether the patient was wearing a facemask, PPE used by HCP, and whether aerosol-generating procedures were performed.

High-risk exposures: refer to HCP who performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled on patients with COVID-19 when the HCP eyes, nose, or mouth were not protected.

Medium-risk exposures: generally include HCP who had prolonged close contact with patients with COVID-19 where HCP mucous membranes were exposed to material potentially infectious with the virus causing COVID-19. These scenarios involve interactions with symptomatic patients who were not wearing a facemask for source control.

Low-risk exposures: generally included 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.

No identifiable risk: HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19.

Procedure:

A. Recommendations for Monitoring based on COVID-19 exposure risk

HCP in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 after an occupational exposure must contact Occupational Health & Wellness for medical evaluation prior to returning to work.

1. High and Medium-risk exposure category: HCP in the high- or medium-risk category will undergo active monitoring including restriction from work until 14 days after their last occupational exposure. If they develop any fever (measured temperature ≥ 100.0) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat) they should immediately self-isolate and notify Occupational Health for coordination and referral for further evaluation.
2. Low-risk exposure category: HCP in low risk category should perform self-monitoring with delegated supervision until 14 days after the last potential occupational exposure. Asymptomatic HCP in this category

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will not be restricted from work. They will check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). They should ensure they are afebrile and asymptomatic before reporting for work. If they develop fever (measured temperature ≥ 100.0) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify Occupational Health for coordination and referral for further evaluation.

B. Epidemiologic Risk Classification for Asymptomatic Healthcare Personnel Following Exposure to Patients with COVID-19 or their Secretions/Excretions in Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations:

High- and medium-risk occupational exposures place HCP at more than low-risk for developing infection; therefore, the recommendations for active monitoring and work restrictions are the same for these exposures. The highest risk exposure category that applies to each HCP will be used to guide monitoring and work restrictions.

| 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 with a COVID-19 patient who was wearing a facemask (i.e., source control) | | | |
| HCP PPE: None | Medium | Active | 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 | None |
| HCP PPE: Not wearing gown or gloves ^a | 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 |

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| Epidemiologic risk factors | Exposure category | Recommended Monitoring for COVID-19 (<i>until 14 days after last potential exposure</i>) | Work Restrictions for Asymptomatic HCP |
|--|-------------------|--|---|
| Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., 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 ^a | Medium | Active | Exclude from work for 14 days after last exposure |
| 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 |

HCP=healthcare personnel; PPE=personal protective equipment

^a 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).

^b 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.

C. Community or travel-associated exposures:

- HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according to CDC guidance. HCP should inform Occupational Health that they have had a community or travel-associated exposure and should undergo monitoring as defined by

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that guidance. Those who fall into the high- or medium-risk category will be excluded from work until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact for medical evaluation and clearance before returning to work.

- A. Phelps Health employees, volunteers and contract personnel who will travel outside of their home area either for personal or business reasons will notify Occupational Health & Wellness. If an employee has traveled into an area of widespread respiratory illness related to COVID-19 and has been listed as an area of concern as per the CDC, the employee may be required to self-monitor and report temperature and symptoms to Occupational Health & Wellness twice daily.

References:

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk- assesment-hcp.html>

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| Authorized by: | Infection Prevention Coronavirus Sub Committee |