HealthCap
RISK MANAGEMENT SERVICES

CDC - Risk Assessment and Work Restrictions
Healthcare Personnel with Potential Exposure to COVID-19

Purpose

This interim guidance is intended to assist with assessment of risk and application of work restrictions for asymptomatic healthcare personnel (HCP) with potential exposure to patients, visitors or other HCP with confirmed COVID-19. Separate guidance is available for travel and community-related exposures. The community-related exposure guidance can be used to inform risk assessment for patients and visitors exposed to SARS-CoV-2 in a healthcare setting.

Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and applying work restrictions is recommended to prevent transmission from potentially contagious HCP to patients, other HCP and visitors. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP.

The feasibility and utility of performing contact tracing of exposed HCP and application of work restrictions depends upon the degree of community transmission of SARS-CoV-2 and the resources available for contact tracing. For areas with:

- ***Minimal to no community transmission*** of SARS-CoV-2, sufficient resources for contact tracing, and no staffing shortages, risk assessment of exposed HCP and application of work restrictions may be feasible and effective.
- ***Moderate to substantial community transmission*** of SARS-CoV-2, insufficient resources for contact tracing or staffing shortages, risk assessment of exposed HCP and application of work restrictions may not be possible.

This guidance is based on currently available data about COVID-19. Recommendations regarding which HCP are restricted from work might not anticipate every potential scenario and will change if indicated by new information. Occupational health programs should use clinical judgement as well as the principles outlined in this guidance to assign risk and determine the need for work restrictions. This approach might be refined and updated, including defining the role of testing exposed HCP as more information becomes available and as response needs change in the United States.

Exposure

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, ***any duration*** should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.
2. Data are limited for the definition of close contact. For this guidance it is defined as a) being within six feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.
3. Determining the time period when the patient, visitor or HCP with confirmed COVID-19 could have been infectious:

a. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be two days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions.
b. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
    i. In general, individuals with COVID-19 should be considered potentially infectious beginning two days after their exposure until they meet criteria for discontinuing Transmission-Based Precautions.
    ii. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of two days prior to the positive test through the time period when the individual meets ***criteria for discontinuation of Transmission-Based Precautions*** for contact tracing.

4. 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 this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.
5. If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to ***Strategies to Mitigating HCP Staffing Shortages.***
6. *For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0 degrees F (37.8 degrees C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (i.e., nonsteroidal anti-inflammatory drugs (NSAIDS).

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