

# Infection Prevention Caregiver Exposure Protocol

## Updated 03-21-2020

After COVID-19 confirmed patient is identified, Infection Prevention contacts unit Manager to get a list of possible exposed Caregivers

Manager contacts Caregivers and asks about PPE that was worn when caring for **confirmed** COVID-19 patient

Infection Prevention will assess level of Risk Exposure

Low-risk and medium-risk exposure (see back for definitions)- caregivers should perform self-monitoring until 14 days after last potential exposure. Caregiver will update Employee Health daily that they remain asymptomatic. If Caregiver develops symptoms (see below symptom box) during a shift, put on a simple mask, notify a manager to coordinate testing and return home. Asymptomatic Caregivers are not restricted from work.

High-risk exposure - caregivers will perform self-monitoring and self-isolate at home (as instructed by their manager and Employee Health) for 14 days after the first exposure or as directed by Employee Health. Caregivers will update their unit manager and Employee Health daily that they remain without symptoms. If the caregiver develops any symptoms consistent with COVID-19 (see symptoms below), they will notify their manager and Employee Health to arrange testing.

Respiratory Symptoms (e.g. shortness of breath or chest tightness)with fever

- Fever greater than or equal to 100.4F
- Cough
- Sore throat
- Nasal Congestion/Runny Nose
- Myalgia (body Aches)

OR

Respiratory Symptoms (e.g. Shortness of breath or chest tightness) without fever and at least two of the below

- Cough
- Sore throat
- Nasal Congestion/Runny Nose
- Myalgia (body Aches)

# 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) (March 7, 2020)

## Exposure to COVID-19 CDC Definitions

*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.

The following recommendations have been taken from the CDC guidelines on Caregiver exposures. It is recognized that COVID-19 has been reported in multiple areas in the U.S. and Caregivers come into contact with COVID-19 due to community spread and exposure during clinical care. With broad community spread of the virus and non-clinical exposure risks rising, quarantine policies are becoming less practical. For example, Washington and New York State have abandoned the practice of asymptomatic Caregiver quarantine, except in High-risk exposures.

Since staffing has become strained, the CDC has outlined its updated recommendations for hospital leaders and clinicians to manage quarantine of Caregivers after exposure to COVID-19:

- High-risk exposures require the Caregiver to be immediately quarantined for 14 days and notify IPE and EHS.
- Low and Medium-risk exposures will follow the below guidance:
  - Caregivers should perform self-monitoring until 14 days after last potential exposure. Caregiver will update Employee Health daily that they remain asymptomatic. If Caregiver develops symptoms during a shift, put on a mask, notify a manager to coordinate testing and return home.
  - Asymptomatic Caregivers are not restricted from work.

The CDC recommends facilities in consult with public health authorities use clinical judgment as well as the principles outlined above to assign risk and return to work. Please see the CDC for further definitions and examples.

Any Caregiver affected by these recommendations will be assisted by IPE and EHS

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