

PUBLIC HEALTH UPDATE
February 11, 2020

SHAN 20-005 **Contact:** 707-784-8001 or 707-784-8005 (after-hours), SolanoEpi@SolanoCounty.com

To: Solano County Healthcare Providers
From: Solano County Public Health

CDC Risk Assessment Guidance and Public Health Management of Healthcare Personnel (HCP) with Potential Exposure to 2019-nCoV and Solano County Partners Call

On February 8, 2020, the CDC released an [Interim Guidance for Risk Management and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus \(2019-nCoV\)](#) to assist health facilities with assessment of risk, monitoring, and work restriction decisions for HCP with potential exposure to 2019-nCoV. The guidance includes risk assessment categories for health facilities to use when assessing the level of risk after a HCP has experienced potential exposure. Additionally, the interim guidance provides monitoring recommendations based on each risk assessment category. The HCP exposure risk factors described in the CDC interim guidance include, but are not limited to, the following:

- The duration of exposure (e.g., longer exposure time likely increases exposure risk)
- Clinical symptoms of the patient (e.g., coughing likely increases exposure risk)
- Whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment)
- Whether an aerosol generating procedure was performed
- The types of personal protective equipment (PPE) used by HCP

We also created a one-pager of Table 1 of the above guidance document for your easy reference and is included as an attachment.

And, a reminder that we will hold the **weekly call** with our healthcare and EMS partners tomorrow:

When: Wednesday, February 11, 2020

Time: 12:30-1:30pm

Call-in number: 415-655-0001

Access code: 198 665 656

For additional information on the 2019-nCoV, visit the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> or the CDPH website at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>. To view the latest CDC Health Alerts and to sign up to receive them, visit <http://emergency.cdc.gov/han>.

CDC Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)

Table 1: Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations (as of February 10, 2020)

The distinction between the high- and medium-risk exposures in this document is somewhat artificial as they both place HCP at risk for developing infection; therefore the recommendations for active monitoring and work restrictions are the same for these exposures. However, these risk categories were created to align with risk categories described in the Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings, which outlines criteria for quarantine and travel restrictions specific to high-risk exposures. Refer to that Interim Guidance for information about the movement, public activity and travel restrictions that apply to the HCP included here.

The highest risk exposure category that applies should be used to guide monitoring and work restrictions.

Epidemiologic risk factors	Exposure category	Recommended Monitoring for 2019-nCoV (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
A. HCP (with unprotected eyes, nose, or mouth) who perform <u>QR</u> are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction)	High	Active	Exclude from work for 14 days after last exposure
B. HCP who perform <u>QR</u> are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) and not using a gown and gloves. Note: <i>If the HCP's eyes, nose, or mouth were also unprotected they would fall into the high-risk category above.</i>	Medium	Active	Exclude from work for 14 days after last exposure
C. HCP (with unprotected eyes, nose, <u>OR</u> mouth) who have prolonged close contact with a patient <u>who was not wearing a facemask</u> . Note: <i>A respirator confers a higher level of protection than a facemask. However, they are group together in this scenario because (even if a respirator or facemask was worn) the eyes remain uncovered while having prolonged close contact with a patient who was not wearing a facemask.</i>	Medium	Active	Exclude from work for 14 days after last exposure
D. HCP (with unprotected eye, nose, and mouth) who have prolonged close contact with a patient <u>who was wearing a facemask</u> .	Medium	Active	Exclude from work for 14 days after last exposure
E. HCP (not wearing gloves) who have direct contact with the secretions/excretions of a patient and the HCP failed to perform immediate hand hygiene. Note: <i>If the HCP performed hand hygiene immediately after contact, this would be considered low risk.</i>	Medium	Active	Exclude from work for 14 days after last exposure
F. HCP wearing a facemask or respirator only who have prolonged close contact with a patient <u>who was wearing a facemask</u> . Note: <i>A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as low-risk because the patient was wearing a facemask for source control.</i>	Low	Self with delegated supervision	None
G. HCP using all recommended PPE (i.e., a respirator, eye protection, gloves and a gown) while caring for or having contact with the secretions/excretions of a patient	Low	Self with delegated supervision	None
H. HCP (not using all recommended PPE) who have brief interactions with a patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged)	Low	Self with delegated supervision	None
I. HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room	No identifiable risk	None	None

HCP=healthcare personnel; PPE=personal protective equipment

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