

UPDATE: 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)



DATE:	3/9/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	UPDATE: 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)
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This transmission is a Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

The Pennsylvania Department of Health (DOH) is releasing the following directions based on guidance released by the Centers for Disease Control and Prevention (CDC) for risk assessment and management of healthcare personnel with potential exposure to patients with COVID-19.

- **This guidance has been updated based on the development of community transmission in multiple areas of the United States.**
- **As of March 9, 2020, there is no community transmission of COVID-19 detected in Pennsylvania. We continue to recommend a discrete containment response.**
 - **Simplified guidance has been issued by CDC to inform risk assessment, monitoring and work restriction**
- **DOH provides additional guidance in the event of sustained community transmission**
 - **To address resource prioritization, contact tracing, risk assessment and work restriction may be limited**
 - **Exposed HCP that are *asymptomatic* may continue to work**
- **Healthcare facilities must report any at-risk HCP who develops symptoms to DOH at 877-PA-HEALTH or your local health department.**

UPDATE: 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)

SUMMARY

CDC guidance has been updated based on the development of community transmission in multiple areas of the United States.

As of March 9, 2020, there is no community transmission of COVID-19 detected in Pennsylvania. We continue to recommend a discrete containment response which includes individual risk assessment, monitoring and work restriction for healthcare personnel (HCP) according to CDC guidance.

In the likely event that sustained community transmission occurs in Pennsylvania in the future, the DOH recommends that healthcare facilities develop a sustainable management plan for healthcare personnel caring for patients with COVID-19. This plan may include risk assessment, monitoring and work restriction for HCP according to CDC guidance, but must also consider local epidemiology, personal protective equipment (PPE) supply, infection prevention and control priorities and community needs.

This HAN Update provides highlights of the CDC guidance updates published on 3/4/20 and 3/7/20 in two key areas:

- **Changes made to CDC guidance for HCP risk assessment when caring for COVID-19 patients**
- **Additional considerations for areas with sustained community transmission**

Please reference the full document available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

KEY CHANGES TO HCP RISK ASSESSMENT

DOH recommends individual HCP risk assessment and associated monitoring and work restrictions as part of an early and active discrete containment response as per CDC guidance. CDC has updated their guidance to clarify risk assignment and provided additional scenarios.

Highlighted changes to CDC Risk Assessment guidance are as such:

- a. Table 1. *Epidemiologic Risk Classification for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations* has been simplified with a focus on presence/absence of source control measures; use of personal protective equipment (PPE) by HCP; and degree of contact with the patient (i.e., prolonged versus brief).
- b. In addition, for those who are assessed as requiring “self-monitoring with delegated supervision” the requirement to actively verify absence of fever and respiratory symptoms when healthcare personnel (HCP) report for work is now optional.
- c. The category of HCP who fully adhered to recommended PPE was removed from Table 1, but is still addressed under section III, #3. These HCP should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

DOH highlights Table 1 in the updated CDC guidance document by including it here at the end of the HAN. Table 1 contains scenarios to aid in HCP risk determination when individual risk assessment is part of the healthcare facility plan.

CONSIDERATIONS FOR AREAS WITH SUSTAINED COMMUNITY TRANSMISSION

While contact tracing and risk assessment, with appropriate implementation of HCP work restrictions, of potentially exposed HCP remains the recommended strategy for identifying and reducing the risk of transmission of COVID-19 to HCP, patients, and others, it is not practical or achievable in all situations.

For areas within Pennsylvania that are demonstrating sustained community transmission, all healthcare personnel (HCP) are considered at some risk for COVID-19 whether through patient interactions or from general community interactions. In these instances, devoting resources to contact tracing and retrospective risk assessment could divert resources from other important infection prevention and control activities. Instead, facilities may decide to shift their emphasis to more routine practices, which include:

- a. Asking HCP to report recognized exposures to the occupational health program, including travel or community-associated exposure;
- b. Assure HCP regularly monitor themselves for fever and symptoms of respiratory infection and DO NOT report to work when ill;
- c. HCP caring for COVID-19 patients should report temperature and absence of symptoms each day prior to starting work but this is not a requirement;
- d. Consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and consultation with their occupational health program.
- e. Have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks;
- f. If HCP develop even mild symptoms consistent with COVID-19, they must:
 - i. Cease patient care activities
 - ii. Immediately don a facemask (if not already wearing)
 - iii. Notify their supervisor or occupational health services prior to leaving work
 - iv. Self-isolate
- g. Facilities should develop a plan for how they will screen for symptoms and evaluate ill HCP.

Please call DOH (877-PA-HEALTH) or your local health department for any concerns about HCPs who may have been exposed to patients with COVID-19.

Additional resources and relevant guidelines are available on the Department website, Coronavirus Information for Health Care at

<https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx>

Table 1: Epidemiologic Risk Classification 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

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 ^a
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure ^a
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^b	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
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 ^a
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure ^a
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure ^a
HCP PPE: Not wearing gown or gloves ^{b,c}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^c	Low	Self with delegated supervision	None

HCP=healthcare personnel; PPE=personal protective equipment

^a In the event that community transmission is ongoing, exclusion from work is not required for HCP at medium or high risk as long as they remain asymptomatic.

^b 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).

^c 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.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of March 9, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.