

FROM 3/20/2020:

I pulled together this recommendation from the following 2 CDC guidelines to address the concerns I've received about risk exposure and management for healthcare personnel including first responders:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#table1>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

I tried to simplify this as much as possible but this is as simple as I'm able to make it at this time. I created this to work like a flow chart- find where your exposure fits in and follow that line.

Please ensure your EMS personnel are aware that if they have been exposed to a patient with suspected or confirmed COVID-19, they should notify their chain of command to ensure appropriate follow-up. The following 2 details are imperative to know to make the risk assessment:

- Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
- EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

My recommendations based on this guidance for management after exposures is as follows:

Regarding work exclusion:

- If there is extensive body contact (like rolling the patient) or aerosol-generative procedures (CPR, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction):
 - and if the healthcare provider is wearing full PPE (gown, gloves, N95 respirator, eye protection), then NO work exclusion recommended.
 - and if the healthcare provider is NOT wearing full PPE (this includes wearing everything including facemask but not a respirator or also includes missing any other piece of PPE), then exclude from work for 14 days after last exposure.
- Outside of the above 2 conditions, If the patient is wearing a mask:
 - and provider wearing a facemask (even if lacking eye protection in this circumstance), then NO work exclusion.
 - and provider NOT wearing a mask, then exclude from work for 14 days after last exposure.
- If the patient is NOT wearing a mask:
 - and provider wearing a mask and eye protection, then NO work exclusion.
 - and provider NOT wearing mask or wearing mask withOUT eye protection, then exclude from work for 14 days after last exposure.

Regarding monitoring:

- If there is extensive body contact (like rolling the patient) or aerosol-generative procedures (CPR, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction):
 - and if the healthcare provider is wearing full PPE (gown, gloves, N95 respirator, eye protection), then SELF-MONITORING WITH DELEGATED SUPERVISION, which means patient can monitor themselves for fever or respiratory symptoms but should still be checked on by staff when feasible- this can be staff from either health dept or healthcare facility (infection control or occupational health).

- and if the healthcare provider is NOT wearing full PPE (this includes wearing everything including facemask but not a respirator or also includes missing any other piece of PPE), then ACTIVE monitoring is recommended for those providers, which means someone from either the health dept or the healthcare facility (infection control or occupational health) regularly contacts this provider to assess for fever, cough, sore throat, or shortness of breath).
- Outside of the above 2 conditions, If the patient is wearing a mask:
 - and provider wearing a facemask (even if lacking eye protection in this circumstance), then SELF-MONITORING WITH DELEGATED SUPERVISION, which means patient can monitor themselves for fever or respiratory symptoms but should still be checked on by staff when feasible- this can be staff from either health dept or healthcare facility (infection control or occupational health).
 - and provider NOT wearing a mask, then ACTIVE monitoring, which means someone from either the health dept or the healthcare facility (infection control or occupational health) regularly contacts this provider to assess if fever, cough, sore throat, or shortness of breath).
- If the patient is NOT wearing a mask:
 - and provider wearing a mask and eye protection, then SELF-MONITORING WITH DELEGATED SUPERVISION, which means patient can monitor themselves for fever or respiratory symptoms but should still be checked on by staff (either health dept or healthcare facility (infection control or occupational health)).
 - and provider NOT wearing mask or wearing mask withOUT eye protection, then ACTIVE monitoring, which means someone from either the health dept or the healthcare facility (infection control or occupational health) regularly contacts this provider to assess if fever, cough, sore throat, or shortness of breath).

*This guidance may need to be updated as CDC guidelines evolve, so please notify me if you see an update come through that conflicts with this information (I will update as needed).

Sincerely,

Ashley Millham, MD (she/her/hers)

Medical Director

Columbia/Boone County Department of Public Health and Human Services