I. RISK ASSESSMENT & ACTIONS

Healthcare worker

- Exposures are complex and recommendations are updated frequently, please use the CDC website for healthcare worker risk assessment https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- Health care workers with a travel history from an area with <u>widespread sustained transmission</u> or other high-risk exposure should consult with a trained medical professional (e.g. infection <u>preventionist</u> or physician) at their facility and establish an infection control protocol (e.g., home quarantine, self-monitoring, PPE while at work, etc.) that mitigates the risk of patient and co-worker exposure.

Travelers

- Returning travelers need to track the publicly reported COVID-19 disease burden in the areas to which they have travelled through both the public health department and public media websites. Areas with <u>widespread sustained transmission</u> (e.g. CDC warning level 3 countries https://wwwnc.cdc.gov/travel/notices#alert AND U.S. locales such as Seattle, WA, Westchester County, NY, Santa Clara County, CA) are at increased risk and of special concern. Such travelers are advised to self-quarantine for 14 days and immediately report any symptoms consistent with COVID-19 infection to their health care provider. Individuals unable to observe the 14-day self-quarantine should consult with their local health department.
- ALL travelers (including from cruises) have an increased risk of exposure to COVID-19. They should limit public interactions, practice strict social distancing, and self-monitor for fever or respiratory illness. IF a returning traveler develops fever or respiratory illness, he/she should immediately self-isolate and report to a provider or local health department.

Risk level	Close contact of a lab-confirmed case (exposure)	Plan
HIGH	 Household contacts (family members) Community members and friends with close contact* 	<u>Call and instruct</u> Self-quarantine+ Active monitoring^
MEDIUM	Other contact that is difficult to characterize, including event, workplace, and other casual contact	Call or send a letter# if feasible Self-quarantine+ if feasible Self-monitoring~
LOW	Transient interaction in a public setting	Strict social distancing Self-monitoring [~]

*Close contact

- a) Being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time (subjective, but 10 minutes is a general outline) or –
- b) Having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings

^Active monitoring: daily calls, or daily review of responses from automated monitoring systems (REDCap), for 14 days (one incubation period) from most recent exposure

- Ensure the individual being monitored has the local health department daytime and after hours phone numbers
- +Self-quarantine: individual is instructed to stay home from work/school, for 14 days from most recent exposure
- Avoid all social gatherings or densely populated areas, do not go to restaurants, movies, malls, grocery stores, coffee shops, etc.
- · Observe strict social distancing inside the home, if the individual or family members cannot be relocated
- ~Self-monitoring: traveler is instructed to monitor and record his/her temperatures and symptoms twice per day
- IF symptoms develop within 14 days from most recent exposure, traveler is instructed to contact his/her LHD immediately
- #Letter: in some situations, an employer or group leader might distribute a letter to his/her employees or group members with strict instructions for self-quarantine and self-monitoring
 - A local health department might choose to send a letter, instead of calling all medium-risk contacts, when resources are stretched thin secondary multiple other case investigations with high risk contacts requiring calls