

## Health Alert

### Novel Coronavirus (COVID-19): Updated Guidance for Preventing and Managing Exposures in Healthcare Settings February 14, 2020

Chinese health officials continue to report a large number of new cases of novel coronavirus disease (COVID-19) per day, with continued person-to-person transmission. Several countries, including the United States, have identified COVID-19 infections, mostly imported from travel from Hubei Province, China where Wuhan City is located. In response to the rapidly expanding outbreak of COVID-19, the Centers for Disease Control and Prevention (CDC) has issued [new guidance](#) for control measures in healthcare settings to minimize exposure risk among healthcare personnel (HCPs) and patients.

#### SUMMARY POINTS

- The outbreak of novel coronavirus is expanding in China and guidance for evaluating potentially exposed persons continues to evolve.
- Healthcare personnel at high or medium risk of exposure should be excluded from work for 14 days and actively monitored for symptom onset.
- Report both [symptomatic](#) and [asymptomatic](#) persons who have traveled to mainland China within 14 days to PDPH immediately.

#### Healthcare Personnel Exposures and Actions

Healthcare personnel who may have been exposed to a confirmed or suspected COVID-19 case should be followed closely for the development of symptoms. Exposure risk among healthcare providers depends upon the degree of patient contact and appropriate use of personal protective equipment (PPE). CDC has developed a monitoring strategy based on risk of exposure to a confirmed case of COVID-19. Recommended monitoring and work restriction actions based upon exposure risk are as follows:

Risk Category	Definition	Public Health Actions
High Risk	<ul style="list-style-type: none"> <li>• HCPs who perform or are present in room for aerosol generating procedures with unprotected eyes, nose or mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• 14 day work exclusion</li> </ul>
Medium Risk	<ul style="list-style-type: none"> <li>• HCPs who perform or are present in room for an aerosol generating procedure without gown or gloves</li> <li>• HCPs with unprotected eyes, nose or mouth AND prolonged close contact with a case (with or without a facemask)</li> <li>• HCPs with direct contact with secretions from a case without appropriate hand hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• Daily symptom monitoring</li> <li>• 14 day work exclusion</li> </ul>
Low Risk	<ul style="list-style-type: none"> <li>• HCPs using appropriate PPE during patient care</li> <li>• HCPs who have brief interactions with case (i.e. briefly enter room)</li> </ul>	<ul style="list-style-type: none"> <li>• Self-monitor for symptoms under supervision of occupational health</li> <li>• No work exclusion</li> </ul>

HCPs who have been exposed in community settings should be evaluated according to [CDC risk assessment guidance](#). HCPs whose exposures fit medium or high risk categories should be excluded from work for 14 days and reported to Philadelphia Department of Public Health (PDPH) for monitoring. All potentially exposed HCPs should be promptly reported to PDPH at the following numbers: (business hours: (215) 685-6742, after hours: (215) 686-4514). Healthcare providers who are uncertain about a specific incident and level of risk can consult with PDPH to review exposure and determine best course of action to protect HCP and patients.

PDPH is prepared to perform active symptom monitoring for all medium and high risk HCP exposures. Healthcare facilities can also choose to perform symptom monitoring through their infection control and occupational health departments for their own staff in cooperation with PDPH. If a facility does perform their own monitoring, any HCP who develops symptoms and may require testing should be reported to PDPH immediately for further evaluation.

### **Additional Recommendations for Providers**

The risk of importation from a returning traveler remains low in Philadelphia. However, ongoing vigilance is important to minimize risk and prevent transmission in the event a case is identified, especially in healthcare settings where there are opportunities for close contact with vulnerable persons. Providers should continue to consistently take a travel history when evaluating persons who present with acute respiratory illness and promptly isolate symptomatic patients who report a history of travel to mainland China or close contact with a person with confirmed COVID-19 within the prior 14 days. Notify infection prevention personnel at your facility and report the suspected case to PDPH. Please also report any asymptomatic persons who report travel to mainland China or contact with a COVID-19 case to PDPH for monitoring activities.

Additionally, to protect HCPs and patients, providers should:

- Ensure that all staff working with the patient use standard, contact and airborne precautions (N95 mask) with eye protection. Additional details are available [here](#).
- Limit the number of HCPs who enter the room of a suspected or confirmed case and maintain a log of all persons who care for or enter the case's room.
- Restrict visitors from entering the room of confirmed or suspected cases. If a visitor must enter a patient room, provide instruction on appropriate PPE and hand hygiene.
- Screen all visitors for symptoms of acute respiratory illness before entering your healthcare facility to minimize exposure risk to respiratory viruses among patients and staff.

PDPH will continue to monitor the evolving outbreak and any changes to guidance for monitoring, case identification or management. For additional resources, please see:

- **CDC:** 2019 Novel Coronavirus Information for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- **PDPH:** 2019-nCoV (Novel Coronavirus): <https://hip.phila.gov/EmergentHealthTopics/2019-nCoV>