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Determining Work Restrictions for Healthcare Personnel Exposed to COVID-19: CDC Recommendations

The Centers for Disease Control and Prevention (“CDC”) has updated its guidance on how to assess risk, monitor, and set work restrictions for Healthcare Personnel (“HCP”) who have been exposed to COVID-19. CDC has provided a table (copied below) that categorizes HCP COVID-19 exposure by severity and context. CDC provides recommendations for work restrictions and monitoring depending on the severity and context of the exposure. When assessing exposure risk, CDC recommends providers take a conservative approach as HCP often come into close contact with vulnerable individuals in the course of their duties.

Assessing Risk Categories

CDC provides three levels of risk: low, medium, and high. High-risk refers to prolonged exposure to a COVID-19 patient without protective equipment (mask, gloves, gown, and eye protection) or in circumstances where respiratory secretions are likely to be poorly controlled. Medium-risk refers to prolonged exposure to a COVID-19 patient or participation in an aerosol-generating procedure while wearing protective equipment. Low-risk refers to brief interactions or prolonged close contact where a COVID-19 patient was wearing a facemask while HCP are also wearing protective equipment.

Responding to Risk Levels

High and medium-risk exposures result in the same recommendations, active monitoring and 14 days of work restriction. HCP with low-risk exposures should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. If HCP are asymptomatic and low-risk, they should not be restricted from work.

HCP COVID-19 Exposure Response Table¹

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
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	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

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 not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^b	Low	Self with delegated supervision	None

Table sourced from CDC guidance [<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>]

HCP=healthcare personnel; PPE=personal protective equipment

^a 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).

^b 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.

Defined Terms for HCP COVID-19 Exposure Response Table:

Self-monitoring means HCP should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat). Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period to determine whether medical evaluation is needed.

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). For HCP with high- or medium-risk exposures, CDC recommends this communication occur at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Self-Monitoring with delegated supervision in a healthcare setting means HCP perform self-monitoring with oversight by their healthcare facility's occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting

the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Healthcare Personnel: *For the purposes of this document HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.*

For additional information on these terms, check CDC guidance [<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>]. Remember, CDC guidance is intended to be used in conjunction with clinical judgment and should not be relied upon alone.

Questions or Assistance

If you have any questions regarding appropriate responses to COVID-19, please do not hesitate to contact any member any member of our Health Law Practice Group listed on page 1. Please also refer to <https://shipmangoodwin.com/Coronavirus-COVID-19-Guidance> for additional guidance.

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