

Guidelines on Screening/Testing/Managing and Referring COVID19-Exposures

Session 2

Objectives

- ❑ Define who is at risk of COVID-19
- ❑ Describe protocol for Screening / Testing/ Managing/ Referral of patients with COVID-19

Patients Under Investigation (PUI), CDC

Clinical Features	&	Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas (see below) within 14 days of symptom onset
Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	AND	No source of exposure has been identified

Patients Under Investigation (PUI) AUBMC



Management of Suspected or Exposed Patients For Coronavirus disease 2019 (COVID-19)

Case Definition for Patients Under Investigation

A.

Travel history of patient or a close family member

OR

Close contact with a suspected or confirmed COVID-19 case within the last 14 days

AND the patient has

B.

Respiratory tract infection symptoms (fever, cough, shortness of breath)

Patients Under Investigation (PUI)

RHUU

- High Risk

 - History of Travel or Exposure to Suspected or confirmed case

AND

 - Fever, Cough or Shortness of breath

- Low Risk

 - Upper respiratory tract infection

Health Care Worker Exposure

- ❑ How To Protect Yourself
- ❑ Use [Standard Precautions](#), [Contact Precautions](#), and [Droplet Precautions](#) (Regular Face Mask) and eye protection when caring for patients with confirmed or possible COVID-19
- ❑ [Airborne Precautions](#) (N95 mask) for Aerosol-Generating Procedures

Epidemiologic risk factors	Exposure category	Recommended Monitoring (until 14 days after last exposure)	Work Restrictions for Asymptomatic HCP
<p>A. HCP (with unprotected eyes, nose, or mouth)² who perform <u>or</u> are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).</p>	High	Active	Exclude from work for 14 days after last exposure
<p>B. HCP who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) and not using a gown and gloves.</p> <p>Note: If the HCP’s eyes, nose, <u>or</u> mouth were also unprotected they would fall into the high-risk category above.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>C. HCP (with unprotected eyes, nose, <u>or</u> mouth)² who have prolonged close contact with a patient who was not wearing a facemask.</p> <p>Note: A respirator confers a higher level of protection than a facemask. However, they are group together in this scenario because (even if a respirator or facemask was worn) the eyes remain uncovered while having prolonged close contact with a patient who was not wearing a facemask.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>D. HCP (with unprotected eye, nose, and mouth)² who have prolonged close contact with a patient who was wearing a facemask.</p>	Medium	Active	Exclude from work for 14 days after last exposure

Epidemiologic risk factors	Exposure category	Recommended Monitoring (until 14 days after last exposure)	Work Restrictions for Asymptomatic HCP
<p>E. HCP (not wearing gloves) who have direct contact with the secretions/excretions of a patient and the HCP failed to perform immediate hand hygiene</p> <p>Note: If the HCP performed hand hygiene immediately after contact, this would be considered low risk.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>F. HCP wearing a facemask or respirator only who have prolonged close contact with a patient who was wearing a facemask</p> <p>Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as low-risk because the patient was wearing a facemask for source control.</p>	Low	Self with delegated supervision	None
<p>G. HCP using all recommended PPE (i.e., a respirator, eye protection, gloves and a gown) while caring for or having contact with the secretions/excretions of a patient</p>	Low	Self with delegated supervision	None
<p>H. HCP (not using all recommended PPE) who have brief interactions with a or patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged)</p>	Low	Self with delegated supervision	None
<p>I. HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room</p>	No identifiable risk	None	None

Considerations to discontinue Transmission-Based Precautions include all of the following:

- ❑ Resolution of fever, without use of antipyretic medication
- ❑ Improvement in illness signs and symptoms
- ❑ Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥ 24 hours apart (total of four negative specimens—two nasopharyngeal and two throat)

Questions?