

Potential Exposure to Patients with COVID-19 in Inpatient Settings including Emergency Departments (ED)

RISK ASSESSMENT AND PUBLIC HEALTH MANAGEMENT OF HEALTH CARE PERSONNEL

Exposure Risk Assessment

Health care facilities are responsible for identifying all health care personnel who come into contact¹ with a patient having a confirmed case of COVID-19. Each of these health care professionals will undergo risk assessment based on current CDC guidance to categorize their exposure to the case patient as low- or high-risk.

[CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

There are two ways in which health care facilities can work with MDH to assess potential exposure risk to health care personnel. The health care facility can conduct the initial risk assessment and communicate findings with MDH, or MDH can conduct the initial risk assessment. If possible, it is preferable for the facility to conduct the initial assessment, allowing MDH staff to focus on high-risk exposures, which are more complex.

Facility-led initial exposure risk assessment for health care personnel

Initial exposure risk assessment should occur as soon as possible after contact with a confirmed case is recognized. The assessment must be conducted through an **active process** that includes health care worker interview. Passive reporting (e.g., use of log sheet) of PPE adherence and

¹ Patient contact includes direct patient contact as well as brief interactions. Examples of brief interactions include: brief conversations at triage desk, briefly entering the patient room regardless of direct contact with patient or patient's secretions/excretions, and entering the patient room immediately after the patient was discharged.

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breaches by health care personnel is **not acceptable**. An example risk assessment is available from MDH.

The health care facility is responsible for informing health care personnel that MDH will be contacting them regarding their exposure.

Communication of high-risk exposures to MDH should include:

- Names, phone numbers, and email addresses of health care personnel.
- Information must be provided to MDH **within 24 hours** of identification.
- The total number of low-risk exposures should also be communicated to MDH if possible
- MDH-led initial exposure risk assessment for health care personnel

The facility's occupational/employee health program is responsible for:

- Providing names and phone numbers to MDH for all health care personnel who came into contact with a patient having confirmed COVID-19 disease. Information must be provided to MDH **within 24 hours** after contact with a confirmed case is recognized.
- Notifying each health care worker of their exposure.
- Letting health care workers know that MDH will be contacting them.

With health care personnel permission, MDH will provide the facility's occupational/employee health contacts with exposure risk assessment category and work exclusion determinations.

Ongoing Health Care Worker Monitoring for Settings with Confirmed COVID-19 Inpatients

Health care facilities are expected to conduct **daily or end-of-shift exposure risk assessments** for health care personnel having repeated/ongoing contact with an inpatient diagnosed with confirmed COVID-19. When a health care worker first contacts the COVID-19 patient, the initial exposure risk assessment process outlined above should be followed.

The daily or end-of-shift exposure assessment should occur each day the health care worker has contact with the patient. The exposure risk assessment must be conducted through an **active process** that includes health care worker interview. Passive reporting (e.g., use of log sheet) of PPE adherence and breaches by health care personnel is **not acceptable**. An example risk assessment is available from MDH.

Communication to MDH regarding high-risk exposures identified through ongoing exposure risk assessment should include:

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- Names, phone numbers, and email addresses of health care personnel.
- Information must be provided to MDH **within 24 hours** of identification.

Communication to MDH regarding low-risk exposures identified through ongoing exposure risk assessment should include:

- Dates of most recent exposure to the patient for all health care personnel who have had contact with the patient.
- This list must be provided to MDH **at least once weekly**.

If MDH does not receive the contact information within the specified timeframe, MDH will communicate with the facility point of contact within 24 hours of the deadline.

Facility-led assessments for facilities with widespread PPE utilization

All HCW are at some risk for exposure to COVID-19 during widespread community transmission, whether in the workplace, at home, or in the community. Instead of 14-day work exclusion for asymptomatic HCW who have had a workplace exposure, or who have an ill household member or intimate contact, health care facilities might shift priority to reporting of recognized exposures, regular self-monitoring for fever and respiratory symptoms, and refraining from work when ill. This approach is relevant for facilities with sufficient PPE to ensure that high-risk exposures are unlikely, have the ability to actively assess PPE breaches after every employee's shift, and are committed to exclusion of ill staff.

The facility's occupational/employee health program is responsible for:

- Providing names and phone numbers to MDH for all health care personnel who had a known PPE breach while caring for a patient having confirmed COVID-19 disease. Information must be provided to MDH **within 24 hours** after breach is recognized.
- Letting health care workers know that MDH will be contacting them.

MDH staff will contact the HCW, perform a risk assessment and enroll them in symptom monitoring.

Care Coordination, Discharge, or Transfer Planning for Confirmed COVID-19 patients

Before a confirmed COVID-19 patient is discharged or transferred from an inpatient setting, facilities must provide MDH with contact information for the patient's care coordination team.

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MDH needs to be informed if discharge plans include transfer to another health care facility, orders for home or hospice care services, or medical transport. During care transitions, facilities will be expected to communicate with the receiving facility, agency, or medical transport service to plan appropriate precautions to reduce disease transmission.

Health Care Personnel Monitoring Management

Public Health Management

Once the risk assessment has been completed and a risk level has been established for health care workers who had contact with the patient, MDH will perform the following actions.

- For high-risk exposures, MDH will inform health care workers of restrictions on their activities (voluntary quarantine), including exclusion from work, explain the active monitoring process, and provide a phone number to reach MDH 24/7. MDH will conduct daily symptom monitoring and follow up phone. With health care worker permission, daily symptom monitoring information can be shared with occupational/employee health.

Health Care Facility Management

Each health care facility will be expected to ensure that employees undergoing monitoring have the capability to monitor their health status (e.g., access to a thermometer). If COVID-19 testing is necessary, facilities are expected to assist in coordination of specimen collection, unless the health care worker chooses to seek care elsewhere.



Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975
Contact health.communications@state.mn.us to request an alternate format.

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