

Potential Exposure to Residents with COVID-19 in Long-term Care, Nursing Home, and Assisted Living Settings

RISK ASSESSMENT AND PUBLIC HEALTH MANAGEMENT OF HEALTH CARE PERSONNEL

Long-term care, nursing home, and assisted living settings are responsible for working with the Minnesota Department of Health (MDH) to identify all health care personnel¹ who come into contact² with a resident having a confirmed case of COVID-19. Each of these health care professionals will undergo a risk assessment based on current CDC guidance to categorize their exposure to the case resident 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 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

The facility is responsible for conducting the initial risk assessment and communicating findings with MDH.

Initial Exposure Risk Assessment

Assessment of initial exposure risk 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 an interview with the facility-based HCP. As part of the assessment process, passive reporting (e.g., use of log sheet) of PPE adherence and breaches by HCP is **not acceptable**. A sample risk assessment is

¹ Health care personnel includes all facility-based staff, contracted or visiting health care professionals (e.g., lab techs, contracted physicians, visiting home health staff, visiting hospice staff), or volunteers.

² Resident contact includes direct resident contact and brief interactions. Examples of brief interactions include brief conversations at triage desk, briefly entering the resident room regardless of direct contact with resident or resident's secretions/excretions, and entering the resident room immediately after the resident was discharged.

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available from MDH. Contracted or visiting HCP need to be reported to MDH, but the facility is not expected to perform an exposure risk assessment on contracted or visiting HCP.

If a facility reports to MDH that they are not able to perform the initial risk assessment for each employee within 24 hours of identification, the facility should notify MDH as soon as possible and provide MDH a list of the remaining employees and their contact information. MDH will complete the unfinished risk assessments and provide the facility with the employees' risk level.

The facility is responsible for informing HCP that MDH will be contacting those employees assessed as high risk regarding their exposure.

Communication of low and high risk exposures to MDH should include:

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

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

Ongoing Monitoring of Health Care Workers for Settings with Confirmed COVID-19 Residents

Facilities are expected to conduct **daily or end-of-shift exposure risk assessments** for HCP having repeated/ongoing contact with a resident diagnosed with confirmed COVID-19. The daily or end-of-shift exposure assessment should occur each day that the HCP have contact with the resident. The exposure risk assessment must be conducted through an **active process** that includes an interview with HCP. Passive reporting (e.g., use of log sheet) of PPE adherence and breaches by HCP is **not acceptable**. A sample risk assessment is available from MDH.

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

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

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

Management of Monitoring Health Care Personnel

Public Health Management

Once the risk assessment has been completed and a risk level has been established for HCP who had contact with the resident, MDH will perform the following actions.

- For low risk exposures, MDH will provide the facility with a low risk factsheet that they can share with these HCP. Information in the fact sheet includes information about self-monitoring for symptoms for 14 days and what to do if symptoms develop.
- For high risk exposures, MDH will inform HCP of restrictions on their activities (voluntary quarantine), including exclusions 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 by email or phone call. With HCP permission, daily symptom monitoring information can be shared with facility staff responsible for overseeing occupational/employee health.

MDH recommends that all HCP who have been exposed and assigned a high risk exposure be excluded from work for 14 days. Employees classified as high risk are given a letter explaining their employment protections under Minnesota state law (Minnesota Statutes, section 144.4196). High risk employees have the right to stay in home isolation/quarantine for 14 days and exclude themselves from work. CDC allows for employers who have exhausted other staffing options to ask asymptomatic employees if they would agree to continue working; however, it is the high risk employee's right to make that choice.

Facility Management

Each facility will be expected to ensure that HCP 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 coordinating specimen collection, unless the HCP chooses to seek care elsewhere.

- For low risk exposures, the facility is expected to provide HCP with the MDH low risk fact sheet by email and explain self-monitoring of their health. If an employee having a low risk exposure develops symptoms consistent with COVID-19, they should be excluded from work immediately, and the facility should **notify MDH within 24 hours**.
- For all high risk exposures, the facility must maintain awareness of HCP symptom and health status and assist in coordination of testing, if necessary. If an employee with a high risk exposure develops symptoms consistent with COVID-19, they should be excluded from work immediately, and the facility should **notify MDH within 24 hours**.

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

Before a confirmed COVID-19 resident is discharged or transferred, facilities must inform MDH of the plan for care transition. MDH needs to be informed if 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.



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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