Potential Exposure to Patients with COVID-19 in Outpatient Settings excluding 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 contact 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.


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

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

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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.
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.

Communication of low-risk exposures to MDH should include:

- Total number of health care personnel with contact with the patient.
- Information must be provided to MDH within 3 business days of identification.

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.

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**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.

- For low-risk exposures, the health care facility is expected to provide health care personnel 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 fever or respiratory symptoms, they should be excluded from work immediately, and the facility should notify MDH within 24 hours.
- For all high-risk exposure personnel, the facility must maintain awareness of health care personnel symptom and health status and assist in coordination of testing if necessary.