

## Risk Assessment and Recommended Actions Regarding Potential COVID-19 Exposure

The following recommendations rely entirely on the guidelines as published by the CDC or OSHA. The CDCs latest guidelines can be found at [www.cdc.gov/coronavirus/risk-assessment-hcp.html](http://www.cdc.gov/coronavirus/risk-assessment-hcp.html), [www.cdc.gov/coronavirus/infection-control.html](http://www.cdc.gov/coronavirus/infection-control.html), [www.cdc.gov/coronavirus/return-to-work.html](http://www.cdc.gov/coronavirus/return-to-work.html) and the OSHA guidelines at [www.osha.gov/covid-19/controlprevention.html](http://www.osha.gov/covid-19/controlprevention.html).

### **Defining the Risk**

In general, we can easily state that response to any potential or confirmed COVID-19 exposure is dependent on several factors including:

1. How close the exposure was: CDC defines “close contact” as within six feet or any **unprotected** direct contact or direct exposure to potentially infectious secretions or indirect exposure (coughing, sneezing)
2. Length of exposure: CDC roughly defines length of exposure to be anything over a few minutes
3. Degree of exposure: Exposure to patients with confirmed diagnosis and/or exhibiting marked signs or symptoms (fever, coughing) increase degree
4. Protection during exposure (PPE): Use of recommended PPE by healthcare provide AND patient directly related to the level of risk or exposure

With this is mind, for most eye care encounters utilizing PPE (mainly masks) in the care of patients utilizing PPE (mainly masks), the healthcare worker would be classified in a **low risk category**. OSHA has a slightly different risk classification system that places most healthcare providers in a medium risk category but the recommendations for management are similar to the CDC low risk classification. An exception could be a higher risk when performing procedures that have the potential for aerosol generation (MGD expressions or other gland manipulation). With proper PPE utilization even those could be considered low risk. It could always be considered advisable to delay these kinds of procedures. More information on degree of risk can be found in the CDC reference.

**Despite the fact routine types of optometric care performed on patients with no identified or confirmed risk of exposure the disease poses very low risk for exposure to COVID-19, this does not remove any recommendation to reduce the risk of disease transmission through social distancing, office disinfection, frequent hand washing and use of PPE (mainly masks).**

### **Response to Potential Exposure**

CDC and OSHA both provide guidelines for response to suspect or confirmed individuals with COVID-19 including patients and healthcare workers. We will address each of those groups separately.

For healthcare workers (doctors and staff), the following table, condensed from CDC data, summarizes the correct response to on the job potential or confirmed exposure to COVID-19.

RISK FACTORS	EXPOSURE CATEGORY	RECOMMENDED MONITORING	RECOMMENDED WORK RESTRICTIONS
Provider not wearing mask Patient not wearing mask	HIGH	Active	14 day self quarantine
Provider wearing mask but no eye protection* Patient not wearing mask	MEDIUM	Active	14 day self quarantine
Provider not wearing mask Patient wearing mask	MEDIUM	Active	14 day self quarantine
Provider wearing mask Patient wearing mask	LOW	Self-monitoring	None

*\*This typically involves pulmonary procedures or exposure to high levels of secretions. Examples in CDC do not include any designated ophthalmic procedures as examples*

From this table, it is easy to conclude that mandatory wear of masks by both the provider and patient significantly reduces the risk of infection, even in a patient with suspect or confirmed diagnosis of COVID-19. It is also important to note that not wearing gloves, gowns or shields in routine encounters does not significantly increase the degree/risk of exposure. Any protections beyond those listed in the table may be excellent precautions but are not included in the CDC mandates.

In addition to the recommendations in the table, the CDC *recommends* that any planned exposure (treatment) to a patient with confirmed, active COVID-19 should include the following precautions:

- Facemask
- Gown
- Gloves
- Eye protection

Some additional explanation is helpful.

**What constitutes a potential exposure?** Potential exposure is direct or close contact with an individual who has a confirmed COVID-19 test or is waiting testing or the results of testing (person under investigation of PUI). The patient must be directed to immediately report the results of the testing. If no report is made within 72 hours, the provider should consider the PUI as a confirmed case. Although not specifically listed in the guidelines, it is also wise to consider any individual with fever (over 100.0<sup>0</sup>) or symptoms consistent with COVID-19 (cough, shortness of breath, sore throat, malaise) as a potential exposure.

**What is Active Monitoring?** Active monitoring is checking temperature twice daily (fever above 100.0<sup>0</sup>) and/or development of symptoms consistent with COVID-19 (cough, shortness of

breath, sore throat, malaise). If fever or symptoms develop, the individual should self-isolate and seek consultation with their general health care provider.

***What is Self-Monitoring?*** Self-monitoring has exactly the same requirements of active monitoring except there are no work restrictions imposed unless fever or symptoms develop.

## **Managing the Confirmed or Suspect Infection in the Office**

Whether a patient or healthcare worker, the following should be initiated with any individual suspected of having COVID-19.

- Isolate the individual to a place with the least amount of contact with other patients or healthcare workers
- If the individual does not already have a mask, provide them with one
- Restrict the number of individuals entering the confined area
- Assist the individual with contacting for medical care – removing them from the office as quickly as possible

With the rare exception of some sight or life-threatening presentation, care can be delayed until the potential for disease is either confirmed or removed by testing. There would be no reason to have any patient or healthcare provider remain in the office if they become a PUI.

Office disinfection procedures must be evaluated. General guidelines include: where possible, not using rooms the PUI occupied for 24 hours; thorough disinfection of all areas where the PUI was in contact; and, use of HEPA or similar filtration or at a minimum increase air circulation in the areas. There are no regulations requiring special sterilization systems or professional disinfection.

## **When Can the Healthcare PUI Return to Work**

CDC provides specific guidelines on when individuals suspect of or confirmed with COVID-19 may return to work. The directives fall into four categories and can be viewed as the minimal recommendations.

### Suspect or confirmed diagnosis based on symptoms

- At least 72 hours have past since recovery defined as absence of fever without fever-reducing medications **and** improvement in symptoms; **AND**
- At least 10 days have passed since the onset of symptoms

### Suspect or confirmed diagnosis based on testing

- Resolution of fever without the use of fever-reducing medications, **AND**
- Improvement in respiratory symptoms, **AND**
- Negative results for COVID-19 – two tests collected > 24 hours apart

Asymptomatic individuals with a positive COVID-19 test based on time strategy

- 10 days have passed since the positive COVID test finding and the individual still has no symptoms

Asymptomatic individuals with a positive COVID-19 test based on test strategy

- Negative results for COVID-19 – two tests collected > 24 hours apart

Once any of these individuals return to work, continuous wear of masks and self-monitoring are essential.

### **Community Exposure**

Community exposure involves a health care provider (doctor or staff) who has off the job exposure to a potential or confirmed COVID-19 individual. This could be contact with a spouse, child, friend or anyone who reports they have potential or confirmed disease. The following table summarizes the recommended action when a healthcare worker reports potential or confirmed community exposure to COVID-19.

<b>EXPOSED TO</b>	<b>TYPE OF EXPOSURE</b>	<b>RECOMMENDED ACTION</b>
Household member, intimate partner, household caregiver not adhering to infection control precautions	Person with symptomatic COVID-19 presentation or test confirmed diagnosis of COVID-19	<ul style="list-style-type: none"><li>• Stay at home for 14 days from last exposure</li><li>• Self-monitor for fever or symptoms</li><li>• Avoid all contact with at-risk individuals</li></ul>
Any other individual with a known risk of exposure	Possible unrecognized exposure	Self-monitor for symptoms and add monitoring fever if symptoms develop