Interim Guidance for Health Departments for Monitoring Healthcare Personnel Possibly Exposed to 2019 Novel Coronavirus (2019-nCoV)

Purpose

This document provides guidance for temperature and symptom monitoring by a public health official of healthcare personnel (HCP) who were possibly exposed to 2019 novel coronavirus (2019-nCoV), until 14 days after the last potential exposure (see Interim Exposure Risk Categories for Healthcare Personnel with Potential Exposure to 2019 Novel Coronavirus).

Introduction

Novel coronavirus (2019-nCoV) was first detected in Wuhan City, Hubei Province, China. Chinese health officials have reported thousands of infections with 2019-nCoV in China, including outside of Hubei Province, and other countries continue to report 2019-nCoV cases. A number of countries, including the United States, have been actively screening incoming travelers from affected areas. The United States announced their first infection with 2019-nCoV detected in a traveler returning from Wuhan on January 21, 2020. Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV. No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive. As uncertainties still remain, the recommendations regarding which HCP are restricted from work may not prevent all transmission or anticipate every potential scenario and will change if indicated by new information. Texas Department of State Health Services (DSHS) has taken a conservative approach in line with recommendations from the CDC.

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS. When person-to-person spread has occurred with SARS and MERS, it is thought to have happened via respiratory droplets produced when an infected person coughs or sneezes, similar to how
influenza and other respiratory pathogens spread. Spread of SARS and MERS between people has generally occurred between close contacts. Past MERS and SARS outbreaks have been complex, requiring comprehensive public health responses.

The most common signs and symptoms of 2019-nCoV are fever, cough, and shortness of breath or difficulty breathing. The Texas Department of State Health Services is also directing individuals to monitor for muscle aches, fatigue, sore throat, headache, runny nose, chills, abdominal pain/discomfort, nausea, vomiting, or diarrhea.

The Centers for Disease Control and Prevention (CDC) clinical criteria for a 2019-nCoV patient under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and restriction from work was taken to quickly identify early symptoms and prevent transmission from potentially contagious HCP to patients, other HCP, and others visiting or working in a healthcare setting. Healthcare facilities should have a low threshold for evaluating symptoms and testing symptomatic HCP, particularly those who fall into the high- and medium-risk categories described in this guidance. Currently the guidance is intended to apply to HCP with potential exposure in a healthcare setting to patients with confirmed 2019-nCoV infection. However, HCP exposures will commonly involve a PUI who is awaiting testing. Implementation of the monitoring and work restrictions described in this guidance could be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. A record of all HCP exposed to the PUI should still be maintained and HCP should be encouraged to perform self-monitoring while awaiting test results. If the results will be delayed more than 72 hours or the patient is positive for 2019-nCoV then all monitoring and work restrictions described in this document should be followed.

When assigning risk, factors to consider include: the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk), whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), whether an aerosol generating procedure was performed, and the type of PPE used by HCP. However, data on the risk of transmission of 2019-nCoV are currently incomplete and the precision of current risk assignment is limited. Any public health decisions that place restrictions on an individual’s or group’s movements or impose specific monitoring requirements should be based on an assessment of risk for the individual or group.
Healthcare facilities, in consultation with public health authorities should use the concepts outlined in this guidance along with clinical judgement to assign risk and determine need for work restrictions.

Definitions utilized in this guidance document are located in the Appendix.

**Exposure Risk Assessment**

The exposure risk should be assessed and classified into one of four exposure categories for each person under monitoring (PUM): **high risk, medium risk, low risk, and no identifiable risk.** The distinction between high and medium risk exposures in this document is somewhat artificial as they both place HCP at risk for developing infection and the recommendations for active monitoring and work restrictions are the same for these exposures, although the activity restrictions are slightly different.

*See the DSHS Interim Exposure Risk Categories for Healthcare Personnel with Potential Exposure to 2019-nCoV for exposure risk category information, such as definitions, type of monitoring, restrictions and actions.*

**Active Monitoring and Self-Monitoring with Delegated Supervision**

**Active monitoring** means that the regional or local public health department assumes responsibility for establishing regular communication with possibly exposed persons, including checking daily to assess for the presence of symptoms. Check-ins can be done through daily phone calls, or another mutually agreeable, HIPAA compliant method, with possible follow-up home visits as needed.

**Self-monitoring with delegated supervision** means, for persons working in healthcare facilities, self-monitoring with oversight by the appropriate occupational health or infection prevention program in coordination with the health department of jurisdiction for 14 days from their last potential exposure. The occupational health or infection prevention personnel for the employing organization should establish points of contact between the organization, the self-monitoring HCP, and the local health department with jurisdiction for the location where the HCP under self-monitoring will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of HCP who develop symptoms during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health department, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if symptoms occur. On work days, HCP under this type of monitoring should check their temperature at least three times daily (before leaving
for work, before beginning work, and after returning home from work), and remain alert for symptoms consistent with the 2019-nCoV infection. HCP should not go to work if they are febrile or have symptoms of 2019-nCoV infection and should immediately report fever or other symptoms to their occupational health or infection prevention program contact. On non-work days, HCP should perform temperature and symptoms checks twice daily, once in the morning and once in the evening, at least 6 hours apart. These temperature and symptom checks will need to be repeated every day of the monitoring period.

Active monitoring is recommended for persons in the **high risk category** and the **medium risk category**. Self-monitoring with delegated supervision is recommended for individuals in the **low risk category**.

Persons under **active monitoring** should be contacted each day for 14 days following their last potential exposure. The goal is to monitor the health of the person and to take actions if the person develops symptoms or is lost to follow-up. Persons under active monitoring should measure their temperature twice daily (at least 6 hours apart) and monitor themselves for symptoms. They should report the results of their monitoring to the regional/local public health department (R/LHD) at least once a day for their 14-day monitoring period. The R/LHD should report the results of contact monitoring to the DSHS Central Office each day of active monitoring.

The number of persons and information needed by the local health department for persons under **self-monitoring with delegated supervision** should be obtained from the appropriate occupational health program or infection prevention personnel when communication is established between the local health department and the occupational group. On work days, HCP under this type of monitoring should check their temperature at least three times daily (before leaving for work, before beginning work, and after returning home from work), and remain alert for symptoms consistent with the 2019-nCoV infection. HCP should not go to work if they are febrile or have symptoms of 2019-nCoV infection and should immediately report fever or other symptoms to their occupational health or infection prevention program contact. On non-work days, those HCPs performing self-monitoring with delegated supervision should measure their temperature twice daily (at least 6 hours apart) and monitor themselves for symptoms. If the person performing self-monitoring experiences any symptoms indicated on the tracking log, they must contact the R/LHD immediately per the plan established between the local health department and the occupational health program. Since this is self-monitoring and the local health department will not be contacting the person, the R/LHD should report the number of persons under self-monitoring with delegated supervision to DSHS Central Office each day.
Below is guidance for monitoring HCP; including clinical and non-clinical staff such as environmental services, dietary, administrative, and other auxiliary services.

Healthcare Personnel

HCP caring for patients who are confirmed or suspected of being infected with 2019-nCoV will be actively monitored or perform self-monitoring with delegated supervision based on the determined exposure risk level. Below are procedures for monitoring of HCP.

 Procedures for Active Monitoring:

DSHS Central Office will notify R/LHDs of any HCP that have been reported by CDC. Also R/LHDs will notify DSHS Central Office of any HCP that have been reported directly by CDC to the R/LHDs or has self-reported. If after initiating contact with the HCP you receive additional information indicating a different risk level, please notify DSHS Central Office as soon as possible. Also notify DSHS Central Office if any HCP, now referred to as a person under monitoring (PUM), plans to travel and thus monitoring needs to transfer to another Texas jurisdiction or another state. Please send updates to EAIDBMonitoring@dshs.texas.gov, and include your regional health department, if applicable.

1. The regional/local public health department (R/LHD) should confirm that the PUM received the Interim DSHS Guidance for Persons Being Monitored for Potential Exposure to 2019 Novel Coronavirus, which includes a 14-day fever and symptom log.
   - Initial training is helpful to explain the monitoring process to ensure the PUM understands the required follow-up and to establish rapport.
2. Every day, the PUM will take their temperature in the morning and evening (at least 6 hours apart) and record their temperature and the presence or absence of all symptoms on the 14-day fever and symptom log.
   - The PUM should record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen) and provide the reason why they are taking the medication. Temperature readings should be taken before the PUM’s next dose of any such medication.
3. The PUM should report daily to public health officials by phone, or another mutually agreeable, HIPAA compliant method, to confirm symptoms have been monitored and the individual remains asymptomatic.
4. The R/LHD should report the results of monitoring to DSHS Central Office using the 2019-nCoV daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your regional health department, if applicable, by 10 am each day of monitoring. The daily monitoring log should
include summary information of all PUM symptom checks for the previous
days monitoring (AM and PM checks) for individuals that are actively
monitored. The daily monitoring log should also include the total number of
PUMs performing self-monitoring with delegated supervision and self-
observation in your jurisdiction, if applicable.

5. If the PUM has a fever, is feverish, or reports at least one of the other
symptoms, they should immediately notify the regional/local health
department. If the PUM has a medical emergency, the first call should be to
911 and the second call should be to the regional/local health department.

6. If a PUM has not taken their temperature or recorded the presence or
absence of symptoms for two consecutive days, additional efforts should be
made to increase adherence to the monitoring protocol, such as in-person
visits.

7. At the end of the monitoring period, the completed 14-day monitoring log
should be sent to DSHS Central Office at EAI

Procedures for Self-Monitoring with Delegated Supervision:

The occupational health or infection prevention program for the employing
healthcare organization should establish points of contact between the organization,
the HCP under self-monitoring, and the local health department with jurisdiction for
the location where the HCP under self-monitoring will be during the self-monitoring
period. R/LHDs will notify DSHS Central Office of any HCP under self-monitoring
with delegated supervision when notified by an occupational health or infection
prevention program.

DSHS Central Office will notify R/LHDs of any HCP under self-monitoring with
degraded supervision when notified by an occupational health or infection
prevention program.

1. When the regional/local public health department (R/LHD) is contacted by
occupational health or infection prevention personnel for the employing
healthcare organization, communication should result in agreement on a plan
for medical evaluation of HCP under self-monitoring who develop symptoms
during the self-monitoring period. The plan should include instructions for
notifying occupational health or infection prevention personnel and the local
public health department, and transportation arrangements to a pre-
designated hospital, if medically necessary, with advance notice if symptoms
occur.

2. The R/LHD should confirm that the HCP under self-monitoring received the
Interim DSHS Guidance for Persons Being Monitored for Potential Exposure
to 2019 Novel Coronavirus, which includes a 14-day fever and symptom log or has received similar information from the occupational health or infection prevention personnel.

- Initial training is helpful to explain the monitoring process to ensure that the HCP under self-monitoring understands the required follow-up and to establish rapport.

3. Each work day, the HCP under self-monitoring will perform a symptom and temperature check before leaving for work, after arrival at work but before beginning duties, and after returning home from work. On non-work days, the HCP under self-monitoring will perform a temperature and symptom check twice daily, once in the morning and once in the evening, at least 6 hours apart. The HCP under self-monitoring should record their temperature and the presence or absence of all symptoms on the 14-day fever and symptom log.

- The HCP under self-monitoring should record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen) and provide the reason why the medication was taken. Temperature readings should be taken before the next dose of any such medication.

4. If the HCP under self-monitoring has a fever (measured or subjective), or reports at least one of the other symptoms, they should immediately notify the regional/local health department per the plan established between the local health department and the occupational health program or infection prevention personnel. If the HCP under self-monitoring has a medical emergency, the first call should be to 911 and the second call should be to the R/LHD.

5. The R/LHD should report the total number of persons performing self-monitoring with delegated supervision to DSHS Central Office using the 2019-nCoV daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your regional health department, if applicable, by 10 am each day of monitoring. The daily monitoring log should include the total number of persons that performed self-monitoring for the previous day. The daily monitoring log should also include the summary information of all PUM monitoring symptom checks that are actively monitored and self-observation in your jurisdiction, if applicable.

If at any point during the monitoring period, a person under active monitoring or self-monitoring with delegated supervision develops any of the symptoms listed on the fever and symptom log, the regional/local health department should be contacted immediately, and then it should be reported up through usual reporting channels to DSHS Central Office. If the regional/local health department decide the person should
undergo a medical evaluation for 2019-nCoV, the person should be isolated, the appropriate healthcare facility should be notified, and arrangements should be made for safe transport to the facility for evaluation.
Appendix

Definitions Used in this Guidance

Self-monitoring with delegated supervision means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop symptoms during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health department, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if symptoms occur.

Self-monitoring with public health supervision means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. CDC recommends that health departments establish initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop symptoms, and as resources allow, check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers’ final destinations.

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of symptoms. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Close contact is defined as being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time. For HCP a prolonged period of time would be considered anything longer than 1-2 minutes of time. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a 2019-nCoV case; OR having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on).
Public health orders are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public’s health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release.

Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Conditional release defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require that a person self-quarantine at home.

Controlled travel involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

Congregate settings are public places where close contact with others may occur. Congregate settings include settings such as shopping centers, movie theaters, stadiums, workplaces, grocery stores, and schools and other classroom settings.

Social distancing means remaining out of congregate settings, avoiding local public transportation (e.g., bus, subway, taxi, ride share), and maintaining distance (approximately 6 feet or 2 meters) from others. If social distancing is
recommended, presence in congregate settings or use of local public transportation should only occur with approval of local or state health authorities.