
These risk levels apply to healthcare personnel (HCP) who are asymptomatic and have exposures in healthcare settings. All exposures apply to the 14 days prior to assessment and recommendations apply until 14 days after the exposure event. The distinction between the high- and medium-risk exposures in this document is somewhat artificial, as they both place HCP at risk for developing infection; therefore, the recommendations for active monitoring and work restrictions are the same for these exposures. The procedure for self-monitoring with delegated supervision is more extensive for HCP than for other occupational groups due to the type of contact HCP have with patients. Please see footnotes for full details.

**Acronyms Used:**
- R/LHD – Regional or Local Health Department
- CDC – Centers for Disease Control and Prevention
- HCP – Healthcare Personnel
- PPE – Personal Protective Equipment
- HCF – Healthcare Facility
- PUI – Person Under Investigation
- EMS – Emergency Medical Services

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| **High Risk** | HCP with incomplete PPE during certain procedures | HCP with unprotected eyes, nose, or mouth who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) | Daily active monitoring | • Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities. Travel is controlled. | • Immediate isolation. Immediately contact R/LHD.  
• Medical evaluation is indicated; diagnostic testing for 2019-nCoV should be guided by CDC’s PUI definition and is indicated for symptomatic people with a known high risk exposure.  
• If additional medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS (if EMS transport indicated) and with all recommended infection control precautions in place.  
• Travel is controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask. |
## Interim Exposure Risk Categories for Healthcare Personnel with Potential Exposure to 2019 Novel Coronavirus (2019-nCoV)

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| Medium Risk | HCP with incomplete PPE during delivery of general patient care | • HCP with unprotected eyes, nose, or mouth who have prolonged close contact† with a patient who was not wearing a facemask. **Note:** A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario because (even if a respirator or facemask was worn) the eyes remain uncovered while having prolonged close contact with a patient who was not wearing a facemask.  
• HCP with unprotected eye, nose, and mouth who have prolonged close contact with a patient who was wearing a facemask  
• HCP not wearing gloves who have direct contact with the secretions/excretions of a patient and the HCP failed to perform immediate hand hygiene. **Note:** if the HCP performed hand hygiene immediately after contact, this would be considered low risk. | Daily active monitoring | • Exclude from work for 14 days after last exposure  
• To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.  
• Recommend postponing long-distance travel  
• People who intend to travel should be advised that they may not be able to return if they become symptomatic during travel | • Immediate isolation. Immediately contact R/LHD.  
• Medical evaluation is indicated; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition and is indicated for symptomatic people with a known high risk exposure.  
• If additional medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS (EMS transport indicated) and with all recommended infection control precautions in place.  
• Travel is controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask. |
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| **Low Risk** | HCP with incomplete PPE during delivery of general patient care | HCP wearing a facemask or respirator only who have prolonged close contact with a patient who was wearing a facemask Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as low risk because the patient was wearing a facemask for source control. | Self-monitoring with delegated supervision‡ | No restriction | • Immediate isolation. Immediately contact R/LHD.  
• Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC’s PUI definition.  
• Recommendation to not travel on long-distance commercial conveyances or local public transport while symptomatic. |
| | HCP wearing full PPE during delivery of general patient care  
HCP not providing direct patient care | HCP using all recommended PPE (i.e., a respirator, eye protection, gloves and a gown) while caring for a patient OR having contact with the secretions/excretions of a patient  
HCP not using all recommended PPE who have brief interactions with a patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged). Note: Exposure to secretions/excretions (e.g. being coughed on) would fall into the medium risk category. | On work days  
HCP will perform temperature and symptom checks:  
• Before going to work  
• After arrival but before beginning duties  
On non-work days  
HCP will perform temperature and symptom checks:  
• Once in the morning and once in the evening, at least 6 hours apart | |
Interim Exposure Risk Categories for **Healthcare Personnel** with Potential Exposure to 2019 Novel Coronavirus (2019-nCoV)

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| No Identifiable Risk | HCP not providing direct patient care to patient | HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room | None | No restriction | • No restrictions.  
• Seek routine medical care.  
• No travel restriction. |

* Symptoms include ≥ 1 of the following: fever (measured ≥100°F or subjective), chills, cough, shortness of breath/difficulty breathing, sore throat, runny nose, muscle aches, fatigue, headache, abdominal pain/discomfort, nausea, diarrhea, vomiting. Respiratory symptoms consistent with 2019-nCoV infection are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities.

† 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).

‡ 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 HCP, and the local or state health departments with jurisdiction for the location where self-monitoring HCP will be during the self-monitoring period. On work days HCP in this category should check their temperature at least three times daily (before leaving for work, before beginning work, and after returning home from work), on non-work days HCP will perform temperature and symptom checks once in the morning and once in the evening, at least 6 hours apart, 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. These temperature and symptom checks will need to be repeated every day of the monitoring period.