

# Potential Exposure to COVID-19 in Outpatient Settings excluding Emergency Departments (ED)

## RISK ASSESSMENT AND PUBLIC HEALTH MANAGEMENT OF HEALTH CARE WORKERS

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### Exposure risk assessment

Health care facilities are responsible for identifying all health care workers (HCW) who come into contact with a patient, visitor (e.g., parent of pediatric patient), or HCW who has a confirmed case of COVID-19.

Patient contact includes direct patient contact as well as brief interactions. Examples of brief interactions include brief conversations at the triage desk; briefly entering the patient room, regardless of direct contact with the patient or patient's secretions/excretions; and entering the patient room immediately after the patient is discharged.

Each of these health care professionals should undergo risk assessment based on current CDC guidance to categorize their exposure to the case 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 \(www.cdc.gov/coronavirus/2019-ncov/HCW/guidance-risk-assesment-HCW.html\)](https://www.cdc.gov/coronavirus/2019-ncov/HCW/guidance-risk-assesment-HCW.html).

The health care facility is responsible for informing HCW of their exposure to COVID-19, conducting a prompt risk assessment, excluding HCW with high-risk exposures from patient care activities when possible, and notifying patients that have been exposed to a positive HCW, as appropriate.

**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 an HCW interview. Passive reporting (e.g., use of log sheet) of PPE adherence and breaches by HCW should be used only if resources are not available to actively assess exposure risk.

[MDH: Responding to and Monitoring COVID-19 Exposures in Health Care Settings \(www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf) has more information and includes a sample risk assessment table.

## Health care worker management

Each health care facility will be expected to ensure that employees who have been exposed to COVID-19 at work 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 health care worker chooses to get care elsewhere.

### Low-risk exposures

Provide HCW with the MDH low-risk exposure fact sheet.

Explain self-monitoring of their health for 14 days following COVID-19 exposure.

If HCW develops fever or respiratory symptoms, they should be excluded from work immediately, tested for COVID-19, and follow appropriate MDH recommendations for ill health care workers with confirmed or suspected COVID-19.

[MDH COVID-19 Recommendations for Health Care Workers  
\(www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)

### High-risk exposures

Give HCW the MDH high-risk exposure fact sheet.

Exclude HCW from direct patient-care activities for 14 days following their high-risk exposure.

- If excluding the HCW would result in significant staffing shortages, the HCW can be asked to return to work prior to 14 days as long as:
  - The HCW does not have any symptoms consistent with COVID-19 AND
  - The HCW wears a surgical face mask at all times when within 6 feet of any other person.

Inform HCW of employment protections for a person who is staying away from work because of a health department recommendation. It is the employee's right to make a choice to return to work if they do not have symptoms. According to [Minnesota Statutes: 144.4196 Worker Protection \(www.revisor.mn.gov/statutes/cite/144.4196\)](http://www.revisor.mn.gov/statutes/cite/144.4196), employers cannot discharge, discipline, threaten, penalize, or otherwise discriminate in the work terms, conditions, or privileges of employment.

Recommend voluntary HCW quarantine for 14 days following high-risk COVID-19 exposure. The HCW should stay in their home as much as possible during the 14-day quarantine period. If they need to work, they should go only to work and back home again.

If HCW develops fever or respiratory symptoms, they should be excluded from work immediately, tested for COVID-19, and should follow appropriate MDH recommendations for ill health care workers with confirmed or suspected COVID-19.

[MDH COVID-19 Recommendations for Health Care Workers](https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)  
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## Patient notification

Outpatient facilities are required to investigate recognized patient exposures to positive HCW. Anyone with prolonged close contact (within 6 feet for at least 15 minutes) is considered exposed if that contact occurred beginning two days after the positive HCW had known exposure to a confirmed COVID-19 case or two days before their illness started onset, or if asymptomatic, two days before the specimen collection date. Notify patients of the exposure situation according to facility protocols.



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09/16/2020