

PRIVATE PRACTICE SECTION



American Physical Therapy Association

COVID Exposure Flow Chart

Last updated 11/2/2020

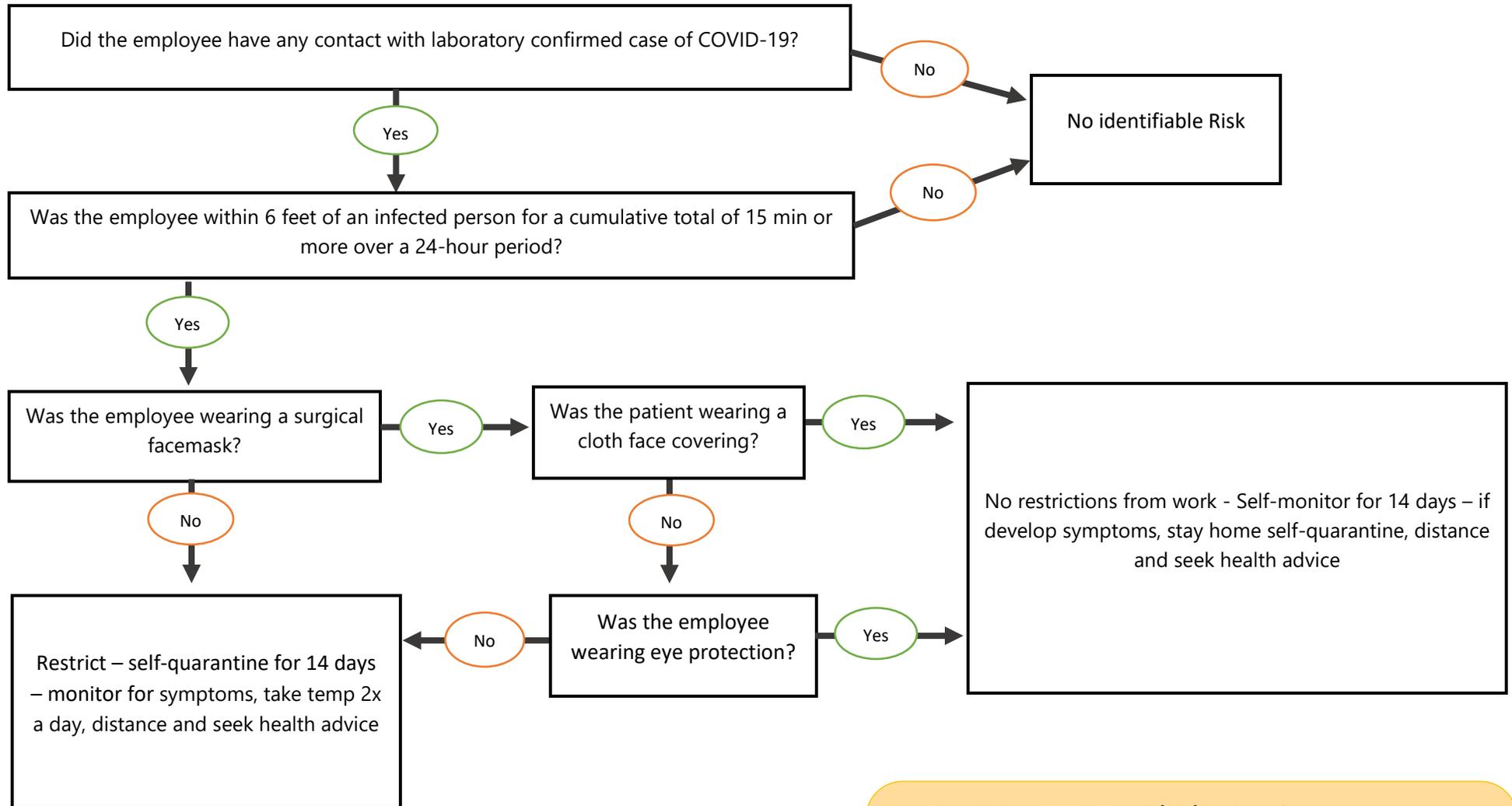
Disclaimer: This document is an example and guide for outpatient therapy practices but does not serve as legal advice and is not all inclusive of every detail that should be included. Businesses should modify specifically for their practice and should seek legal advice as needed. This document was shared by a PPS member using this in their own practice.

Each state will have unique circumstances or regulations, so please pay close attention to your specific state and county's guidance.

Please use this document with an understanding that you may need to follow different policies based on specific state and/or regional requirements, and that requirements may evolve over time.

This document does not cover every scenario and clinical judgment is a must in all situations.

If Employee has an exposure to infected person



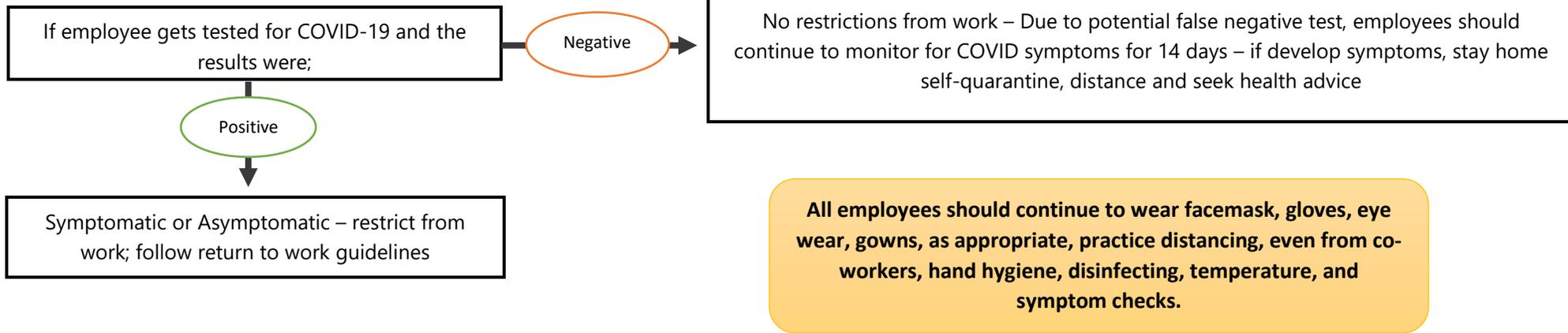
If employee subsequently gets tested, see below

Close Contact - Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

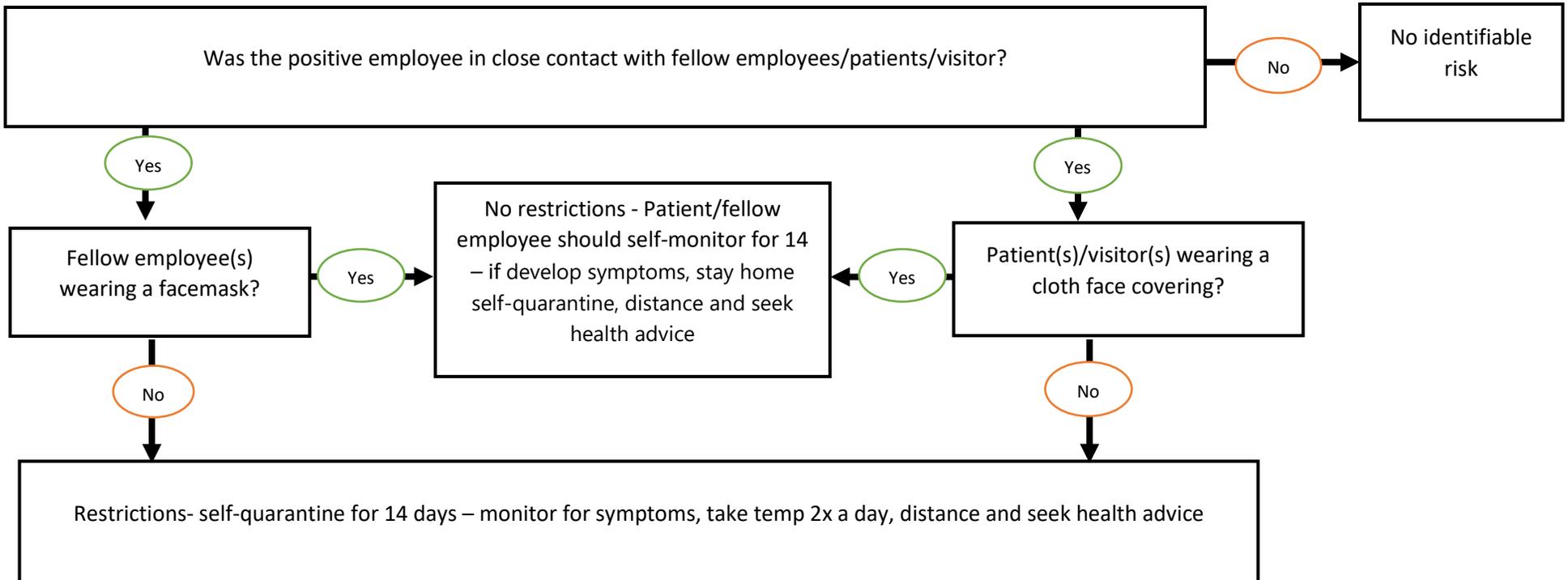
Per CDC published on 7/15/20 Use of eye protection is recommended in areas with moderate to substantial community transmission. For areas with minimal to no community transmission, eye protection is considered optional, unless otherwise indicated as part of standard precautions, see table 1

Updated 11/2/2020

If Employee tested



Guidance on fellow employees/patients who came in contact with a COVID positive Employee who wore face mask



When completing the risk assessment form to determine the risk of exposure (which in turn determines the need to self-monitor vs. self-quarantine) consider.

- Was the clinician wearing a facemask at all times?
- Was the patient wearing a face covering at all times?
- Type of interaction – an interaction involving manipulation or prolonged close contact with the patient’s eyes, nose, or mouth, likely pose a higher risk

Determine “informing the circle” about potential exposure.

Asymptomatic - employee tested positive on 6-3-2020, back the date up by two days, 6-1-2020 so any person who came in close contact from 6-1 to the date the employee tested positive on 6-3 should be informed.

Symptomatic – consider the exposure window to be 2 days before symptom onset, ex. Individual had fever and shortness of breath on 6-3-2020, so any person who came in close contact from 6-1 till symptoms onset 6-3 should be informed.

Employee tested positive Return to work timeline

Symptomatic



Asymptomatic



Table 1

CDC Guidance for Asymptomatic Health care personnel who were exposed to Individuals with Confirmed COVID-19 *This guidance applies to HCP with potential exposure in a healthcare setting to patients, visitors, or other HCP with confirmed COVID-19.*

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged close contact with a patient, visitor, or another HCP with confirmed COVID-19</p>	<ul style="list-style-type: none"> HCP not wearing a respirator or facemask HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure 	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure⁵ Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
<p>HCP other than those with exposure risk described above</p>	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> No work restrictions Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift.

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| | | <ul style="list-style-type: none"> Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |
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To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following **potential** exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

Critical Infrastructure workers who have had an exposure, per table 1, but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- Pre-screen should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility
- Self-monitoring for symptoms
- Wear a Mask
- Social distance, employee should maintain 6 feet and practice social distancing as work duties permit in the workplace
- Disinfect and clean workspaces/equipment.

If employee develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor prior to leaving work.

If employee is tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria.

CISA listing of Essential Critical Infrastructure Workers

HEALTHCARE / PUBLIC HEALTH

- Healthcare providers including, but not limited to, physicians; dentists; psychologists; mid-level practitioners; nurses; assistants and aids; infection control and quality assurance personnel; phlebotomists; pharmacists; physical, respiratory, speech and occupational therapists and assistants; social workers; optometrists; speech pathologists; chiropractors; diagnostic and therapeutic technicians; and radiology technologists.

FAQ

Employees

Q. If employee is living with someone who has been diagnosed with COVID infection, should they be excluded from work? If so, for how long?

A. Yes. HCP who have any kind of exposure for which home quarantine is recommended should be excluded from work:

- If HCP are able to quarantine away from the infected individual living with them, they should quarantine at home and not come into work for 14 days following their last exposure to the infected individual.
- If HCP are not able to quarantine away from the infected individual living with them and have ongoing unprotected exposure throughout the duration of the individual’s illness, they should remain in home quarantine and be excluded from work until 14 days after the infected individual meets criteria for discontinuation of home isolation.
- If HCP develop SARS-CoV-2 infection while they are in quarantine, they should be excluded from work until they meet all return to work criteria for HCP with SARS-CoV-2 infection.

Table 2

CDC Guidance on Public Health Recommendations for Community-related Exposure – The following guidance is provided for definitions and management of contacts of people with COVID-19, HCP should also follow this guidance for what to do in the community. Current guidance based on community exposure, for people exposed to people with known or suspected COVID-19 or possible COVID-19

Person	Exposure to	Recommended Precautions for the Public
<ul style="list-style-type: none"> • Individual who has had close contact (within 6 feet for a total of 15 minutes or more) 	<ul style="list-style-type: none"> • Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness) • Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation). <p>Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a</p>	<ul style="list-style-type: none"> • Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times • Self-monitor for symptoms <ul style="list-style-type: none"> ◦ Check temperature twice a day ◦ Watch for fever, cough, or shortness of breath, or other symptoms of COVID-19 • Avoid contact with people at higher risk for severe illness from COVID-19

	cloth face covering or whether the contact was wearing respiratory personal protective equipment (PPE)	<ul style="list-style-type: none"> Follow CDC guidance if symptoms develop
All U.S. residents, other than those with a known risk exposure	<ul style="list-style-type: none"> Possible unrecognized COVID-19 exposures in U.S. communities 	<ul style="list-style-type: none"> Practice social distancing and other personal prevention strategies Be alert for symptoms <ul style="list-style-type: none"> Watch for fever*, cough, or shortness of breath, or other symptoms of COVID-19 Check temperature if symptoms develop Follow CDC guidance if symptoms develop

FAQ

Patients

Q: "I was in a meeting at work two days ago and yesterday a woman tested positive for COVID, should I come to therapy?"

A: Did the patient have close contact with the confirmed case (within 6 feet) for cumulative total of 15 minutes over a 24-hour period, if yes then stay home until 14 days after last exposure – self-monitor, see table 2

Q. Am I considered a close contact if I was wearing a cloth face covering?

A. Yes, you are still considered a close contact even if you were wearing a cloth face covering while you were around someone with COVID-19. Cloth face coverings are meant to prevent someone from transmitting the disease to others, and not to protect someone from becoming infected.

Q. What if I have been around someone who was identified as a close contact? (contact of an "identified close contact")

A. If you have been around someone who was identified as a close contact to a person with COVID-19, you should closely monitor yourself for any symptoms of COVID-19. You do not need to self-quarantine.