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Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)

Summary of Recent Changes

Update: This Interim Guidance was updated on March 7, 2020 to make the following changes:

- **Updating recommendations regarding HCP contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. (See Additional Considerations and Recommendations at the end of the document)**
- **Removed requirement under “self monitoring with delegated supervision” for healthcare facilities to actively verify absence of fever and respiratory symptoms when healthcare personnel (HCP) report for work. This is now optional.**
- **Simplified risk exposure categories based on most common scenarios with focus on presence/absence of source control measures; use of personal protective equipment (PPE) by HCP; and degree of contact with the patient (i.e., prolonged versus brief)**
- **Added language advising HCP to inform their occupational health program if they have travel or community-associated exposures as defined in [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease \(COVID-19\) Exposure in Travel-associated or Community Settings.](#)**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>