

Interim Guidance for Risk Assessment for COVID-19

SARS-CoV-2 is a novel coronavirus that has emerged and caused Coronavirus Disease (COVID-19). Public health experts continue to learn about SARS-CoV-2, but based on current data and similar coronaviruses, spread from person-to-person happens most frequently among close contacts (those within about six feet for a time period of 10 minutes) via respiratory droplets.

1. What are the symptoms of COVID-19?

a. Fever, new or worsening cough, or shortness of breath.

2. How does COVID-19 spread?

- a. COVID-19 is spread by:
 - i. <u>Close contact</u>: defined as (a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
 - ii. Touching a surface or object with the virus and then touching mouth, nose or eyes.

2. Does wearing a mask prevent someone from being exposed to COVID-19?

- a. No. The IDPH has not found a mask to prevent exposure to COVID-19; they should not be used as a preventative measure.
- b. Masks should be saved for <u>patients</u> with COVID-19 and <u>medical staff</u> and used as directed by the manufacturer and medical professionals.

3. What should employees do after they receive a diagnosis?

a. If the employee is diagnosed with COVID-19 or potential COVID-19, initially, the employee will continue on approved time off with pay. The employee should alert their supervisor. If the employee has tested positive for COVID-19, the employee should remain under home isolation precautions from seven days after symptoms started and until 72 hours after fever is gone and symptoms have improved, whichever is longer, in accordance with direction from local public health.

4. As a supervisor, after learning of my employee's potential COVID-19 symptoms or diagnosis, what should I do?

a. Remain calm. Local or state public health officials will reach out to you and to any affected co-workers with directions if it will be necessary to take additional measures. Supervisors may always exercise discretion and caution – for instance, working to ensure distance between employees, moving work stations if an employee recently has been sick, sending home employees who feel sick, and promoting compliance with public health guidance.

- 5. As a supervisor, if I learn of a case or potential case of COVID-19, who should I tell? What about employees' private medical information?
 - a. Supervisors do not need to inform IDPH of COVID-19 cases; IDPH will be informed of such laboratory-confirmed cases by private laboratories or IDPH Laboratories.
 - b. When dealing with employee medical information, employers, including supervisors, have a general duty of confidentiality. As such, supervisors should not discuss an employee's medical information with anyone other than the supervisor's chain-of-command, HR, or Labor Relations. An employee's medical information should be kept in the utmost confidence and only discussed as needed for legitimate business reasons.
 - c. It is public health officials not supervisors who should alert co-workers about exposure.

6. If an employee fears they have been exposed to COVID-19, what should they do?

- a. If an employee has had <u>close contact</u> with a confirmed case of COVID-19, the employee will receive instructions from the local health department about what work, movement restrictions, and monitoring are required.
- b. If an employee asks you about a potential close contact, you can refer them to the definition in Question 2 and advise them to call their medical provider or local health department for further instruction.

7. What is social distancing?

- a. Social distancing means remaining out of community settings, avoiding public transportation (such as buses, subways, taxis, ride sharing, trains), and maintaining at least 6 feet in distance from others. Public health guidance suggests that people who can stay home do stay home as much as possible.
- 8. What is the contact information for the Illinois Department of Public Health?
 - a. Call the IDPH Hotline at 1-800-889-3931 or email dph.sick@illinois.gov.
- 9. Where can an employee or supervisor access more information about COVID-19?
 - a. IDPH's COVID-19 FAQ.
 - b. CDC Interim Guidance for Risk Assessment of COVID-19.
 - c. Monitor for illness using the HCW Employee Monitoring Tool.
 - d. Evaluate for COVID-19 against the COVID-19 Testing Decision Matrix.

Exhibit 1 – Risk Categories

Note – these are interim and subject to change.

Table 1: Risk Categories for Exposure to Laboratory-Confirmed Cases of COVID-19

Risk Level	Geographic (Travel-associated)	Exposures identified through Contact
	Exposures	Investigation
High	Travel from Hubei Province, China	Living in same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection without using recommended precautions for home care and home isolation
Medium	Travel from mainland China outside	Close contact with a person with
	Hubei Province or Iran	symptomatic laboratory-confirmed COVID- 19
	Travel from a country with widespread	
	sustained transmission	On an aircraft, being seated within 6 feet of a traveler with symptomatic laboratory-
	Travel from a country with sustained	confirmed COVID-19 infection (distance
	community transmission	equals approximately 2 seats in each direction)
	Country-level risk classifications	
		Living in same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a homme) to a person with symptomatic laboratory-confirmed COVId-19 infection while consistently using recommended precautions for home care and home isolation
Low	Travel from any other country	Being the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
No	Not applicable	Interactions with a person with
identifiable risk		symptomatic laboratory-confirmed COVID- 19 infection that do not met any of the high-, medium-, low-risk conditions above, such as walking by the person or being briefly in the same room

Table 2: Summary of Contacts of Asymptomatic Exposed to COVID-19

Risk Level	Geographic (Travel-associated)	Exposures identified through Contact
	Exposures	Investigation
High	 Quarantine (voluntary or under public health orders) in a location determined by public health No public activities Daily active monitoring Controlled travel 	 Immediate quarantine (or isolate if symptomatic) Assessment to determine need for medical evaluation Controlled travel
Medium	Close contacts: Recommendation to remain at home or in a comparable setting Practice social distancing Active monitoring Postpone long-distance travel on commercial conveyances Travels from Countries with widespread transmission: Recommendation to remain at home or in a comparable setting Practice social distancing Active monitoring Postpone long-distance travel on commercial conveyances Travel from Countries with community transmission Practice social distancing Self-observation	 Self-quarantine (unless symptomatic then self-isolate) Seek health advice to determine if medical evaluation is necessary (which should be guided by clinical presentation and diagnostic testing by PUI definition) Controlled travel while symptomatic person wearing face mask
Low	 No restriction on movement Self-observation 	 Self-quarantine, social distancing Seek health advice to determine if medical evaluation is necessary (which should be guided by clinical presentation and diagnostic testing by PUI definition) Post-pone commercial conveyances until no longer symptomatic
No identifiable risk	None	 Self-quarantine, social distancing Seek health advice to determine if medical evaluation is necessary (which should be guided by clinical presentation and diagnostic testing by PUI definition) Post-pone commercial conveyances until no longer symptomatic

Note: The public health management recommendations made above are primarily intended for jurisdictions not experiencing sustained community transmission. In jurisdictions not experiencing sustained community transmission, CDC recommends that post-exposure public health management for asymptomatic exposed individuals continue until 14 days after the last potential exposure; however, these decisions should be made based on the local situation, available resources, and competing priorities. These factors should also guide decisions about managing symptomatic exposed individuals.

Exhibit 2: Releasing Cases and Contacts

RELEASING COVID-19 CASES AND CONTACTS FROM ISOLATION AND QUARANTINE



Household

contact is released

from guarantine

CASES

Must be isolated for a minimum of 7 days after symptom onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours.



Case is afebrile

and feeling well

Case's onset date

(or specimen collection date

if onset unclear)

Note: Lingering cough should not prevent a case from being released from isolation.

- A case that is well on day 3 and afebrile and feeling well for 72 hours must remain isolated until day 7.
 A case that is still symptomatic on day 7, and symptoms last until day 12, cannot be released until day 15.

HOUSEHOLD CONTACTS

Must be quarantined for 7 days after the case has been afebrile and feeling well (because exposure is considered ongoing within the home) and for a minimum of 14 days.

If a household contact develops symptoms, follow directions for case

This means that household contacts may need to remain at home longer than the initial case.

- A case is well 3 days after onset. The household contact must remain quarantined until day 14.
 A case is well 7 days after onset. The household contact can be released on day 14.
 A case is well 14 days after onset. The household contact can be released on day 21.

NON-HOUSEHOLD CLOSE CONTACTS

Must be quarantined for 14 days from the date of last contact with the case.

Interim guidance as of March 13, 2020. Subject to change



Minimum 14 days

Who should I call about COVID-19?

I want to know more about COVID-19, who should I call?
 For general questions about COVID-19, you can call the IDPH COVID-19 Hotline at 1-800-889-3931 or email DPH.SICK@illinois.gov. Please note that the Hotline does not make decisions about who should be tested for COVID-19



- I am not feeling well and have respiratory symptoms, what should I do?

 Please stay home for at least 7 days after you first became ill, or 72 hours after your fever has resolved and symptoms are improving, whichever is longer

 You should consult with your health care provider if you have:

 Fever, cough, trouble breathing, or other flu-like symptoms that are not better or are worsening after 24.4 8 bours.
- after 24.48 hours

 Mild symptoms and are pregnant or immunosuppressed or are an older adult with chronic

- Please don't call the health department about getting testing

 Your health care provider will determine if you should be tested, and will call the health department if needed
- Health departments do not collect specimens for COVID-19



I think I need immediate medical attention, who should I call?

- If you need immediate medical attention, and you think you may have COVID-19, please call
 ahead to your health care provider before going in for care. This will allow them to take the right
- steps to protect themselves and other patients
 If you think you are having a medical emergency, call 911; if you have been exposed to COVID-19,
 notify dispatch personnel so emergency medical services personnel can take steps to protect
 themselves

