

## **DOH Evaluation of Risk**

### ***Avoiding Work Restrictions in ALFs***

The Epidemiology Units of the County Departments of Health use the [\*CDC's Interim Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure\*](#) in the screening phase of their assessments of assisted living facilities with an outbreak.

As a starting point, for all evaluations of risk, investigators will ask if staff had prolonged close contact with a resident with COVID-19 (beginning 48 hours before symptom onset). Source control – ie: residents wearing masks during care – is a key measurement in the determination of risk. Eye protection for health care personnel – in addition to face masks – is also used as a marker between a low and a medium risk assessment.

In assisted living facilities, especially memory care units and other settings where residents are not wearing masks, this clinical judgment and CDC guidance becomes particularly important when it comes down to a positive resident's previous prolonged close contact with staff.

The CDC's *Epidemiologic Risk Classification for Asymptomatic Healthcare Personnel Following Exposure to Patients with COVID-19 or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations* (see [Table 1](#)) is used by County representatives deciding to issue a request to quarantine exposed staff for 14 days. Of note, too, are the Table 1 footnotes that describe additional scenarios.

### **Related Resources**

[\*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 2019 \(COVID-19\)\*](#)

[\*Strategies for Optimizing the Supply of Eye Protection\*](#)

[\*Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 \(Interim Guidance\)\*](#)