

Concerns About Coronavirus Disease 2019 (COVID-19) Exposure

Frequently Asked Questions (FAQs) for Healthcare Workers

1. I'm concerned about exposure to 2019 Novel Coronavirus (COVID-19) – how does this virus spread?
2. What is considered an exposure to a patient with COVID-19?
3. What is NOT considered an exposure to a patient with COVID-19?
4. I think I was exposed to a patient with COVID-19. What should I do?
5. I took care of a patient who later tested positive for COVID-19. What do I do?
6. I was exposed to a confirmed COVID-19 patient – should I get tested?
7. What about asymptomatic spread? Can't patients still get sick from me and vice versa if one of us is exposed but asymptomatic?
8. In general, what should healthcare workers do if feeling sick at work?
9. I took care of a COVID-19 patient – is it safe to go home to my family or interact with coworkers?
10. I was exposed to a COVID-19 patient – how can I protect my family and others?
11. My household member was just diagnosed with COVID-19. Can I still come to work?
12. I am pregnant. Are there more precautions that are needed for me?
13. Where can I go to learn more?

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1. I'm concerned about exposure to Coronavirus (COVID-19) – how does this virus spread?

The virus spreads through **direct contact with droplets** from the mouth or nose of a patient with coronavirus (e.g., coughing, sneezing, singing). It does not appear to spread through the air like tuberculosis, varicella (chicken pox), or measles can. For true exposure to COVID-19 to happen, you must:

- Directly breathe in droplets from a sick person OR
- Transfer contaminated secretions to your nose or mouth.

2. What is considered an exposure to a patient with COVID-19?

An exposure is when a healthcare worker sees a confirmed COVID-19 patient without the proper personal protective equipment (PPE) and:

- Masked patient coughs/sneezes within 3-6 feet **and** is you are NOT masked.
- Or, unmasked patient coughs/sneezes within 3-6 feet and you are NOT wearing mask/eye protection.
- You touch a patient's respiratory secretions and then touch your eyes, nose or mouth before you clean your hands.
- You perform an aerosol-generating procedure (e.g., intubation, bronchoscopy, CPR, open suctioning, nebulizer treatment, positive pressure ventilation) without an N95 mask.

3. What is NOT considered an exposure to a patient with COVID-19?

- UCI follows CDC guidance to determine risk of exposure and EIP recommendations for PPE are designed to minimize your risk.
- Brief or casual exposures, like talking to a patient at the check in desk or asking a patient a question from across a patient's room, are not considered a risk for getting COVID-19.
- With appropriate PPE, you are not considered at any higher risk for COVID-19 than normal community level activity.
- If the patient and healthcare provider were both wearing regular masks, risk of transmission is low and you are NOT considered exposed.
- If the patient is not masked, but the healthcare provider is wearing both a mask and eye protection, then transmission is low and you are NOT considered exposed.
- If an NP swab was done (e.g. for influenza or COVID-19 testing) and healthcare workers were wearing regular masks and eye protection (face shield or goggles) at the time, risk of transmission is low and you are NOT considered exposed.

