Concerns About Coronavirus Disease 2019 (COVID-19) Exposure Frequently Asked Questions (FAQs)

I'm concerned about exposure to COVID-19 – how does this virus spread?

- The virus spreads in two main ways
  1) By having **infected droplets** from the mouth or nose of a person with coronavirus (e.g., coughing, sneezing, singing) be sprayed into your eyes, nose, or open mouth
  2) By touching **infected droplets** left on surfaces by someone who has COVID-19 and then eating or touching your eyes, nose, or mouth without washing your hands. Live virus can stay on surfaces for up to 1-2 days. So ensuring your hands are cleaned with alcohol hand rub or soap and water before touching your face is key to prevention
- The virus 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:
  o Directly breathe in droplets from a sick person OR
  o Transfer contaminated secretions to your eyes, nose or mouth.

What is considered an exposure to a resident with COVID-19?

- An exposure is when a healthcare worker cares for a confirmed COVID-19 resident without the proper personal protective equipment (PPE) For example:
  o A masked resident coughs/sneezes within 3-6 feet **and** you are NOT masked.
  o An unmasked resident coughs/sneezes within 3-6 feet and you are NOT wearing both mask and eye protection.
  o You touch a resident's respiratory secretions and then touch your eyes, nose or mouth before you clean your hands.
  o You perform an aerosol-generating procedure (e.g., CPR, open suctioning, nebulizer treatment, positive pressure ventilation) without an N95 mask.

What is NOT considered an exposure to a resident with COVID-19?

- Brief or casual exposures, like talking to a resident or asking a resident a question from across a resident'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 resident and healthcare worker were both wearing regular masks, risk of transmission is low and you are NOT considered exposed.
- If the resident is not masked, but the healthcare worker is wearing both a mask and eye protection, then transmission is low and you are NOT considered exposed.

What should I do if I start to feel sick while I'm at work?

- Anyone who develops signs or symptoms of COVID-19 at work, including the below should immediately inform their supervisor and go home. If symptoms develop outside of work hours, you should also inform your supervisor immediately.
  - Fever ≥ 99.0
  - Chills
  - New cough
  - New shortness of breath
  - Muscle aches
  - Unexpected fatigue
  - Sore throat
  - Loss of taste or smell
  - Headache
  - Diarrhea
  - Vomiting
  - Nausea
  - Other cold symptoms

I think I was exposed to a resident with COVID-19. What should I do?

- Determine if you were exposed (see above examples of what is an exposure).
- Immediately inform your supervisor
- Any exposed healthcare workers should perform self-monitoring for 14 days from the time of their exposure and contact their supervisor if any symptom develops. See monitoring form in "Monitoring Yourself for Infectious Symptoms." Your supervisor can call public health (OCHCA) for guidance on testing and when you are able to return to work.

I think I might have been exposed to a resident with COVID-19 – is it safe to go home to my family or interact with coworkers?

- If you have worn all the proper PPE as directed, you are not exposed and it is safe for you to go home to your family and interact with your coworkers.
- If you were wearing all the proper PPE, but develop cold and flu symptoms, you may have been exposed to COVID-19 in the community. If you become sick, inform your supervisor.
- Remember, contact with an infected person without the proper PPE does not definitely mean you will become infected with the virus. You will only know if symptoms develop sometime during the 14- day incubation period after exposure. Practice the following strict hygiene and social distancing measures to protect yourself and others.
- If you were exposed to a confirmed COVID-19 case without proper PPE, report to your supervisor and your infection prevention team. Depending on the type of exposure, you may be able to continue to work while you monitor for symptoms. If this is the case, follow instructions for self-monitoring and immediately report any symptoms.

If I was exposed to COVID-19 – how do I protect my family and others?

- Becoming infected is signaled when you develop symptoms. On average, it takes about 5 days to become sick with the virus, but it can occur as early as 2 days after exposure and as late as 14 days after exposure.
- At home, wash your hands or use alcohol hand rub often, including before and after touching your face or objects others touch frequently (e.g. door handle, refrigerator).

- Use disinfectant wipes to clean your environment frequently.
- Do not share household items (e.g., utensils, drinking glasses) and wash linens regularly with soap/detergent.
- If you become sick, follow the below guidance:
    - Keep a 6-foot distance from others as much as possible.
    - Wear a medical mask as much as possible.
    - Wash your hands often with soap and water or alcohol hand rub, and disinfect all objects that you touch that others may touch.
    - Cover your cough and sneeze with a tissue or your sleeve.
    - Do not share food or household items.
- See *FAQ – Keeping Family Safe if You Have COVID-19* for more information

My household member was just diagnosed with COVID-19. Can I come to work?

- Currently, public health guidance recommends that all household contacts of persons with COVID-19 should remain home until the 14-day incubation period has passed.
- Use strict hygiene and social distancing to avoid getting sick from your family member.
- Check yourself for fever twice daily and monitor for any other symptoms. See monitoring form in "Monitoring Yourself for Infectious Symptoms"

Can people get COVID-19 more than once?

- We are watching the medical literature very closely for reports of people becoming infected by COVID-19 more than once.
- At this point, our assessment is that recurrent infections are either rare or do not occur. The reports we have seen in the literature comment on repeat positive tests, but do not describe recurrent infections. Once you test positive, that test can remain positive for many weeks even though you are recovering and no longer contagious.

Where can I go to learn more?

- Refer to the **OC Nursing Home COVID-19 Infection Prevention Toolkit** for more information and additional FAQs at ucihealth.org/stopcovid
- Up to date information on 2019 Novel Coronavirus can be found at:
    - The Centers for Disease Control & Prevention (CDC) (www.cdc.gov)
    - California Department of Public Health (CDPH) (www.cdph.ca.gov)
    - Orange County Health Care Agency: (www.ochealthinfo.com)